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## Request to Close Escrow

*\*Required fields*

### MORTGAGE ACCOUNT INFORMATION:

First Name*	Middle Initial(s)	Last Name*
First Name*	Middle Initial(s)	Last Name*
Mortgage Account Number*		
Property Address*		City/State/Zip*

Please close the Escrow Account for the above address.

Borrower Signature	Date
Borrower Signature	Date

### Contact:

Mortgage Servicing Department

309.633.3762

1.800.633.7077, ext. 33762

[mortgage\\_escrow@cefcu.com](mailto:mortgage_escrow@cefcu.com)



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