



Account Closure Request Form

Please fill out this form and provide it to the financial institution you are transferring from.

Date: _____

Bank name: _____

Attention: _____

Address: _____
City State Zip

Dear Account Representative:

I am in the process of transferring my account(s) to Technology Credit Union. Please consider this letter as an official request to close my account(s) with you.

I understand that I will need to wait until all checks and automatic withdrawals have cleared before I close my account(s). I have already arranged to switch my automatic withdrawals and payroll deposit to my new account(s) with Technology Credit Union.

Please let me know if you need anything from me before closing my account(s). My account information is listed below:

Please make a check payable (with the remaining balance) to _____
Your name
and mail to:

Technology Credit Union
P.O. Box 1409
San Jose, CA 95109-1409
Attention: Member Service Support Center

Name on account	Account number

Sincerely,

Signature

Date