Account Closing Request Letter

Use this form to mail to your current financial institution to close your existing accounts(s) with them.

2011-10-26

Mail to:

Address

City, State, Zip

Re: Account Closure

To Whom It May Concern;

Please accept this letter as my request to close the following accounts with your institution:

Account Number		Account Type		Close (select one)	
Account Number		Account Type		Close (select one)	
Account Number		Account Type		Close (select one)	
Account Number		Account Type		Close (select one)	

Mail the requested funds to:

☐ Address on File ☐ Address Listed Below

Address

Attention:

City, State, Zip

Please contact me at this number if you have any questions regarding this request.

Sincerely,

Once printed, sign here.

Reset Form

Print Form

This form provided by my credit union-

TSCU

COMMUNITY. INTEGRITY. YOU.

SINCE 1953

Tempe Schools Credit Union
2800 S Mill Avenue
Tempe, Arizona 85282
480.967.9475
800.851.7749
Fax 480.966.3026