



Account Closing Request

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Institution

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

RE: \_\_\_\_\_

Customer Name

\_\_\_\_\_  
Customer Address

\_\_\_\_\_  
City, State, Zip

To Whom It May Concern:

I hereby request that the account(s) listed below be closed, effective immediately. Please forward a cashier's check representing the closing balance to me at the address listed above.

Checking

\_\_\_\_\_  
Account Number

Savings

\_\_\_\_\_  
Account Number

Money Market

\_\_\_\_\_  
Account Number

Certificate of Deposit

\_\_\_\_\_  
Account Number

Thank you for your assistance in this matter.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Joint Account Holder (if required)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**SUNCOAST SCHOOLS FEDERAL CREDIT UNION**

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