

ACCOUNT CLOSURE REQUEST



Complete one of these forms for each of your existing financial institutions.

Remember to keep your existing account(s) open until you've confirmed that your new Credit Union of California (CU SoCal) account is active and that all outstanding transactions have cleared your previous account(s).

Choose below to have the funds from your former account mailed to you or wired directly into your CU SoCal account. Your former financial institution may charge you a fee for fulfilling this request.

ACCOUNT CLOSURE REQUEST

Date

Financial Institution Name

Address

City, State, Zip

To Whom It May Concern:

This letter is to inform you that I have decided to close my account with your institution. Please send the entire balance and any interest accrued via:

- Check to me at the address listed below.
- Wire Transfer to my new account at Credit Union of Southern California.

Credit Union of Southern California Account # _____

Credit Union of Southern California Routing/ABA # **322283796**

If you have any questions regarding this request, please contact me.

Full Name Contact Phone

Address

City, State, Zip Code

X

Signature