



Account Closure Form

SEND THIS FORM TO YOUR PREVIOUS FINANCIAL INSTITUTION

To: _____
PREVIOUS FINANCIAL INSTITUTION

Please accept this letter as authorization to close my account# _____
effective _____ .

- I have stopped all automatic withdrawals & deposits
- All checks have cleared
- All cards and checks have been returned or destroyed

Any remaining funds on deposit should be forwarded to:

Puget Sound Cooperative Credit Union (PSCCU)
PO Box 97034
Bellevue, WA 98009-9734

Please advise PSCCU to deposit the funds into my account.

My PSCCU account number is:

- CHECKING: _____
- SAVINGS: _____

Thank you for your assistance with this matter. If there are any questions, please contact me at the number listed blow.

Sincerely,

SIGNATURE

DATE

PRINTED NAME

PHONE NUMBER