



## 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)  
600 108th AVE. N.E. Suite 1035  
Bellevue, WA 98004-5129

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