



Account Closure Form

Member Name: _____

Account Number: _____

Effective Date: _____

Type of Account: (Check all that apply):

Savings Checking Other _____

Address: _____

Personal phone#: _____ Work phone#: _____

I, _____, the primary account holder of the account listed above, authorize VATAT Credit Union to close my account(s) described above.

I have made sure that all checks on the account have already cleared. I have stopped all automatic drafts going into the account.

Remaining Account Funds: (Please check one of the following options)

Please send a check for the remaining balance of my account, payable to me, the primary member listed on the account. I understand the check will be mailed to the current address listed on the account.

Other Instructions: _____

Signature

Date

\$10.00 fee to be charge on account closed within 90 days of opening.

Please return form via mail, fax, or scan and email it.

FOR CU USE ONLY

Date Received: _____ Closed By: _____ Date Closed: _____

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