## **Account Closure Request Form**



Bank/Other Financial Institution Name			
Address			
City/State/ZIP	Date _	Date	
To Whom It May Concern: I am transferring my account(s) to Velocity Credit Uniaccount with you. I understand that I will need to ma before completely closing my account(s). I have alread automatic deposits that I have.	ike certain all my checks and automatic del	oits have cleare	
Please let me know if there is anything else I need t My account number(s) and contact information are	·	count(s).	
Name			
Address			
Telephone			
Account(s)			
Check One:			
☐ Please send a check to me at the address above			
☐ Please send a check to my new account at Velocity	y Credit Union at the address below		
Velocity Account Number	Account Type   Checking	☐ Savings	
c/o Personal Finance Center PO Box 1089 Austin, TX 78767-1089			
Signature	Date		