

Patelco Credit Union

Request to Close Account Form

Submit this form to the financial institution where you will be closing your account. Any remaining balance will be sent to your new Patelco checking account.

Please Print:

Name of Financial Institution

Address

City State Zip

Checking Account Number

I hereby authorize the closure of my checking account. I have verified that all my outstanding checks have cleared, and all my Direct Deposits and automatic payments/withdrawals have been stopped. Please make this change effective _____ .
Date

Primary Owner:

Primary Owner Name

Address

City State Zip

X

Signature of Primary Owner Date

Joint Owner (Complete only if applicable):

Joint Owner Name

Address

City State Zip

X

Signature of Joint Owner Date

Please send remaining balance to:

Patelco Credit Union

Routing/Transit Number 321076470

Account Number _____