



# Account Closing Request

Use this form to close your account with your previous financial institution. Do not send until all outstanding checks and other items have cleared on this account, and any automatic deposits and payments have also stopped.

**To:**

Financial Institution Name: \_\_\_\_\_

Financial Institution Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please close my account(s) below effective:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (date).

**Account 1:**

Name(s) on Account: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking     Savings     Money Market     Other: \_\_\_\_\_

**Account 2:**

Name(s) on Account: \_\_\_\_\_ Account #: \_\_\_\_\_

Checking     Savings     Money Market     Other: \_\_\_\_\_

**Please send any funds remaining in these accounts to:**

My Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

My Account at Virginia Educators Credit Union:

Reference: My Name: \_\_\_\_\_ and VECU Account #: \_\_\_\_\_

Mail to: Virginia Educators Credit Union  
12626 Nettles Drive  
Newport News, VA 23606

**If you have any questions please call me at:** (\_\_\_\_) \_\_\_\_-\_\_\_\_.

Primary Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_