



Account Closing Request

To: _____
Former Financial Institution Name

Address

City, State and Zip

Please close the following account with your institution:

Name(s) on Account: _____

Social Security / TAX Identification Number: _____

Account Number: _____

Account Type: _____

Remaining Funds (select one):

No Disbursement of funds is necessary.

The account balance is zero.

I have deposited a check for the balance in my new account.

Please prepare a cashier's check for the balance of my account payable to:

Name(s) on the account and mail to the address listed on the account.

MIDFLORIDA Credit Union for the benefit of:

Account Number: _____

Mail to: MIDFLORIDA Credit Union
PO Box 8008
Lakeland, FL 33802-8008

Thank you for your prompt attention to this matter.

Sincerely,

Member Name – Print

Member Signature

Date

Joint Member Name – Print

Joint Member Signature

Date