



9405 South Highway 17-92
 Maitland, FL 32751
 407-831-8844
 www.gulfstatescu.org

Account Closing Form

Send this to your former financial institution. They may require you to complete additional forms.

To:

From:

 Financial Institution Name

 Member Name(s)

 Financial Institution Address

 Member Address

 City State Zip

 City State Zip

To Whom It May Concern:

Please close my following account(s) effective immediately, and send a check for the remaining balance to:

my home address above

Gulf States Credit Union

 Account Number

I understand that all checks, automatic payments, and other transactions need to have cleared before completely closing my account(s). I have made arrangements to switch my automatic Direct Deposits and Payments.

 Name on Account

 Joint Name on Account

 Account Number

 Type of Account

 Account Number

 Type of Account

 Account Number

 Type of Account

 Account Number

 Type of Account

Thank you for your prompt attention to this matter.

 Member Signature

 Joint Signature

 Member Name (Print)

 Joint Name (Print)

 Date

 Date