

# Request to Close Account(s)

**To: (Financial Institution Information)**

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

**Re:** \_\_\_\_\_ Account Number Account Type  
\_\_\_\_\_ Account Number Account Type

**From: (Customer/Member Information)**

\_\_\_\_\_  
Name ( ) Daytime Phone Number

\_\_\_\_\_  
Address City State Zip Code

**Account Closing Authorization**

I hereby authorize you to close my account(s) listed above upon your receipt of my request, and send the balance(s) to Virginia Credit Union. I have verified that any outstanding items have cleared and that any direct deposits and automatic payments have been stopped.

Please send the remaining balance to:

**Virginia Credit Union**  
P.O. Box 90010  
Richmond, VA 23225-9010  
(804) 323-6800  
Routing Number: 251082615

**For credit to my account:**

\_\_\_\_\_ Account Number Account Type Name of Account Owner/Member

Thank you for your prompt attention to my request.

\_\_\_\_\_  
Customer/Member Signature Date

\_\_\_\_\_  
Additional Customer/Member Signature (if applicable) Date