

Account Closing Request

Send this form to your old bank after all your outstanding checks and other items have cleared, and any automatic deposits and payments have stopped

To:		
Bank/Company name		
Bank/Company address		
City	State	Zip
Please close my account(s) below effective		(dd/mm/yyyy)
Account 1:		
Name on account	Account number	
☐ Checking ☐ Savings ☐ Money Market	□ Other	
Please send me the balance of this account		
Payable to		
Customer address		
City		
Account 2 (if applicable):		
Name on account	Account number	
☐ Checking ☐ Savings ☐ Money Market	□ Other	
Please send me the balance of this account		
Payable to		
Customer address		
City		
If you have any questions, please contact me:		
Phone Number ()	Email address	5
	Date	
 TIPS: Contact your other financial institution to find out the address of the same your new VACU account is active before you close you Keep your old account open until all direct deposits and deduction 	ur existing account.	
(804) 323-6800 (800) 285-6609 vacu	ı.org V	isit a branch Mobile