

Close Account

Before you close your old checking account, make sure:

All checks have cleared

All check card transactions have cleared

Automatic payments have stopped

Direct deposit has been stopped

____/____/____
Date

Financial Institution Name

Address

City, State, Zip

To Whom It May Concern:

I hereby authorize the closure of my account effective ____/____/____. The account number is _____

Please transfer any remaining balance via check to:

Carolina Collegiate FCU
4480 Rosewood Drive
Columbia, SC 29209
(803) 227-5555

Or you can transfer my remaining balance electronically to Carolina Collegiate FCU, routing #253978824, account #_____.

Please contact me at _____ - _____ - _____ with any questions.
Day-time phone

Thank you,

Signature

Co-Signer Signature

Name (Please Print)

Co-Signer Name (Please Print)

Address

City, State, Zip