



ACCOUNT CLOSING REQUEST

Member Services: 800.222.1391 • www.thepolicecu.org

Complete this form and provide it to each existing financial institution that holds accounts you would like to have closed. Please keep a copy of your completed form for your records.

Name _____ Date _____

Address _____

Daytime Contact Phone Number _____

Joint Owner Name _____

Joint Owner Daytime Contact Phone Number _____

Existing Financial Institution _____

Existing Financial Institution Address _____

Existing Account Number(s) _____

Please close my account(s) listed above, and send any remaining balance to my address listed above. If you have any questions regarding this request, please contact me via my information listed above.

Signature

Date

Joint Owner Signature

Date