



Account Closure Notice

After you have opened your free checking account with Pinellas FCU and you are sure that the deposits and withdrawals have been switched to Pinellas FCU, complete this form and send to your previous financial institution in order to close out your account.

FINANCIAL INSTITUTION INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

PERSONAL INFORMATION:

Name: _____

Social Security # _____

Address: _____

City: _____ State: _____ Zip Code: _____

CLOSING ACCOUNT(S) NOTICE:

Please close the following account(s) with your financial institution:

Account # _____

Checking Savings Other _____

Account # _____

Checking Savings Other _____

Please send any remaining funds in these accounts to my address above.

I hereby authorize the closing of my account(s). All my checks have cleared and all my direct deposits/automatic payments have been stopped.

Signature: _____ Date: _____

Joint Signature: _____ Date: _____