

# Patelco Credit Union

## Request to Close Account Form

Submit this form to the financial institution where you will be closing your account. Any remaining balance will be sent to your new Patelco checking account.

**Please Print:**

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Checking Account Number

I hereby authorize the closure of my checking account. I have verified that all my outstanding checks have cleared, and all my Direct Deposits and automatic payments/withdrawals have been stopped. Please make this change effective \_\_\_\_\_ .  
Date

**Primary Owner:**

\_\_\_\_\_  
Primary Owner Name

\_\_\_\_\_  
Address

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

X  
\_\_\_\_\_  
Signature of Primary Owner Date

**Joint Owner (Complete only if applicable):**

\_\_\_\_\_  
Joint Owner Name

\_\_\_\_\_  
Address

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

X  
\_\_\_\_\_  
Signature of Joint Owner Date

**Please send remaining balance to:**

Patelco Credit Union

Routing/Transit Number 321076470

Account Number \_\_\_\_\_