

TFCU SWITCH KIT

ACCOUNT CLOSURE REQUEST FORM

Complete this form to request that the account(s) you currently have with your former financial institution be closed and any remaining funds sent to you. Please remember to keep enough funds in the account until all outstanding payments and transactions have cleared.

Mailing Information:

	Name of Financial Institution
	Address
	City, State, Zip Code

To whom it may concern,

Please close my account listed below and send a check to me at the address listed below for any remaining funds and interest earned in the account(s).

Please close the following accounts:

Account Number: _____ Savings Checking Money Market Other _____

Account Owners Name(s):

Account Number: _____ Savings Checking Money Market Other _____

Account Owners Name(s):

Please send remaining funds to the following address:

<input type="checkbox"/> Main Member's Mailing Address	<input type="checkbox"/> Taunton Federal Credit Union
Name:	Taunton Federal Credit Union
Address:	14 Church Green
City, State, Zip:	Taunton, MA 02780

If you have any questions about this request, please contact me. I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Main Member Name:	Main Member Signature:
Joint Member Name:	Joint Member Signature:



Connecting All Departments: (508) 824-6466 | www.tauntonfcu.com

Membership is established by opening a \$5 share/savings account and is available to anyone who lives, works, worships or attends school in Bristol, Barnstable and Plymouth Counties in Massachusetts; Bristol, Kent, Newport and Providence counties in Rhode Island; and the Rhode Island towns of Charlestown, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond and South Kingstown. Federally Insured By The National Credit Union Administration. Equal Housing Lender. EOE.