



ACCOUNT CLOSING REQUEST

Name: _____
Address: _____
City, State, Zip: _____
Phone: _____ E-mail: _____

Please close my account at:
Financial Institution: _____ Phone: _____
Address of Financial Institution: _____
City, State, Zip: _____

ACCOUNT NUMBER(S) AND ACCOUNT TYPE(S) I AM AUTHORIZING CLOSURE OF:

Number: _____ Type: _____
Number: _____ Type: _____
Number: _____ Type: _____
Number: _____ Type: _____

Please check one:

- Mail the remaining balance of my account(s) to my address listed above.
- Send the balance of my account(s) to be deposited at Total Choice Federal Credit Union. (address below)

My Total Choice FCU Account Number is: _____

Mail to: Total Choice FCU
PO Box 560
Hahnville, LA 70057

I hereby authorize Total Choice FCU to close my account(s). It is understood that a photocopy of this form will also serve as authorization.

Primary Account Holder Name (Print): _____

Signature: _____ Date: _____

Secondary Account Holder Name (Print): _____

Signature: _____ Date: _____