



# Account Closure Request

Ensure all checks and transactions have cleared and all automatic payments have been cancelled before submitting this request to your institution.

Date: \_\_\_\_\_

To: \_\_\_\_\_  
Former Financial Institution

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

FROM: \_\_\_\_\_  
Name(s) on Account

\_\_\_\_\_  
Name(s) on Account

\_\_\_\_\_  
Name(s) on Account

\_\_\_\_\_  
Street Address

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Home Phone \_\_\_\_\_

## Re: Notification to Close Financial Institution Account

I hereby authorize the closure of my account:

Name on the Account: \_\_\_\_\_

Closing Account Number(s): \_\_\_\_\_

Effective: \_\_\_/\_\_\_/\_\_\_

I certify that all checks have cleared the account to be closed as well as direct deposits and automatic payments have been stopped. By signing this form, I authorize you to release the remaining funds in my existing account in the form of a cashier's check made payable to UVA Community Credit Union FBO my name:

## UVA Community Credit Union Account Information:

Routing Number: 251480181      Credit Union Account Number: \_\_\_\_\_

Address: 3300 Berkmar Drive  
Charlottesville VA 22901  
434-964-2001

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Signature

\_\_\_\_\_  
Date