



## Account Closing Request

To: \_\_\_\_\_

Former Financial Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State and Zip

**Please close the following account with your institution:**

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

Social Security / TAX Identification Number: \_\_\_\_\_

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

Account Type: \_\_\_\_\_

**Remaining Funds** (select one):

**No Disbursement of funds is necessary.**

The account balance is zero.

I have deposited a check for the balance in my new account.

**Please prepare a cashier's check for the balance of my account payable to:**

Name(s) on the account and mail to the address listed on the account.

MIDFLORIDA Credit Union for the benefit of:

\_\_\_\_\_

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

**Mail to: MIDFLORIDA Credit Union**  
PO Box 8008  
Lakeland, FL 33802-8008

Thank you for your prompt attention to this matter.

Sincerely,

\_\_\_\_\_  
Member Name – Print

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Joint Member Name – Print

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

\_\_\_\_\_  
Date