

Easy. Clear. Simple. Make the Switch.

Form 3



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Close Bank Account

Please keep a copy of this request for your records.

To:

Name of Bank _____

Address _____

City/State/Zip _____

Date: _____

Please accept this letter as my authorization to close my account with your bank, account# _____ . Please send a check for the remaining balance to my address of record (below).

If you have any questions about this request, please contact me.

Day Evening (_) _____ (phone)

Thank you,

Signature Date

Name (please print)

Address

City/State/Zip