

You can authorize your remaining balance to be deposited automatically to your new Virginia Coop credit union account(s) or paid by a check forward to your mailing address.

Using this form to close your account(s) at your former financial institution, Be sure to verify any outstanding items have cleared your old account.

## Notification of Account Closure Authorization

To Whom it May Concern:

Financial institution

Address:

City, State, Zip:

Please close my following account(s):

Account Number(s):

Primary Owner:

Address:

City. State. Zip:

Please send the remaining balance to:

Place an X next to your desired options:

Please deposit directly to  
my new account at VCCU

Account#:

Routing#:

Please forward me a check  
to my address listed  
below:

Primary Signature

Date:

Joint Signature:

Name:

Address:

City, State, Zip:

Phone Number: