



# ACCOUNT CLOSURE REQUEST

Date \_\_\_\_\_

Financial Institution \_\_\_\_\_

Attn: \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Dear Account Representative,

I am in the process of transferring my account(s) to Carolina Trust Federal Credit Union. **Please consider this letter as an official request to close my account(s) with your financial institution.**

I understand that all checks and automatic withdrawals should clear before my account is closed; therefore, I have not written any checks or made any automatic withdrawals during the past two (2) weeks. I have already arranged to switch any automatic withdrawal(s) and/or payroll deposit(s) to Carolina Trust Federal Credit Union.

Please contact me at \_\_\_\_\_ if you need any additional information before closing my account(s). My account information is listed below:

Name(s) on Account	Account Number
_____	_____
_____	_____
_____	_____
_____	_____

Please mail the remaining balance(s) in the form of a check made payable to me at:

Payee \_\_\_\_\_

C/O Carolina Trust Federal Credit Union

Attn: \_\_\_\_\_

P.O. Box 780004

Myrtle Beach, SC 29578-7804

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

1010 21st Avenue North, PO Box 780004, Myrtle Beach, South Carolina 29578-7804  
Local (843) 448-2133 Toll Free (888) 448-2133 Fax (843) 626-3470  
Myrtle Beach / Surfside Beach / Conway / Johnsonville / Lake City



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