

Account Closure Request

Complete one of these forms for each of your existing financial institutions.

Remember to keep your existing account(s) open until you've confirmed that your new California Coast account is active and that all outstanding transactions have cleared your previous account(s).

Choose below to have the funds from your former account mailed to you or wired directly into your California Coast account. Your former financial institution may charge you a fee for fulfilling this request.

Ac	count Closure Request
Financial Institution Name	Date
Street Address	
City, State, and Zip	
To Whom It May Concern:	
This letter is to inform you that I have decided to and any interest accrued via:	close my account with your institution. Please send the entire balance
☐ Check to me at the address listed below.	
☐ Wire Transfer to my new account at Californi	ia Coast Credit Union.
California Coast Credit Union Account r California Coast Credit Union Routing/A	
-	
If you have any questions regarding this reques	t, please contact me.
Sincerely,	
Signature	Address, City, State, and Zip
Full Name	Home Phone