

Account Closure Request

Old Financial Institution Name:	
Address:	
City:	ST: Zip:
To Whom It May Concern,	
Please close my account(s) listed below:	
Account #:	Account Type: Checking Savings
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Forward the funds remaining in my account(s	s) to:
 ☐ Me at the address below ☐ Texas Bay Credit Union 12611 Fuqua St. Houston, TX 77034 713-852-6700 	New Account #: Routing #: 313082935 Account Type: Checking Savings
Name:	
Address:	
	ST: Zip:
Phone #:	
Email:	
Signature:	Date:
Joint Owner Name (if applicable):	
Signature:	Date:

