

Account Closing Request Form



To: _____ Fax: _____
(bank, credit union name)

From: _____
(primary account holder) (joint account holder)

Address: _____

City, State, Zip: _____

Please close the following accounts:

- Account # _____ Checking Savings Money Market Other
- Account # _____ Checking Savings Money Market Other
- Account # _____ Checking Savings Money Market Other
- Account # _____ Checking Savings Money Market Other

Effective Date: _____

Please send/transfer any remaining funds in these accounts to:

The address shown above

Generations Federal Credit Union
PO Box 791870
San Antonio, TX 78279-1870
Account # _____
Routing # 314088572



I have verified that all outstanding checks and automatic debits have cleared this account prior to requesting that it be closed.

Primary Account Holder Signature Date

Secondary Account Holder Signature Date