



Account Closing Form

Member Information

Account: _____ Member Name: _____

Address
(for forwarding purposes): _____

Daytime Phone #: _____ Email: _____

Check all services that apply

- | | |
|---|---|
| <input type="checkbox"/> Bill Pay | <input type="checkbox"/> Direct Deposit / Payroll Deduction |
| <input type="checkbox"/> Debit Card | <input type="checkbox"/> e-Statements |
| <input type="checkbox"/> Credit Card | <input type="checkbox"/> Virtual Banking |
| <input type="checkbox"/> Do you have any outstanding checks or debits? (check if yes) | |

Reason for Account Closure

Authorization Statement

I authorize Brazosport Teachers Federal Credit Union (BTFCU) to close my account and any line of credit loan attached to my membership. I understand that any transactions trying to post to my account will be returned with "Account Closed" status. I will notify the Credit Union promptly if my address changes so that my closing account statement and any end-of-year tax forms can be sent to me, regardless if I was previously enrolled in e-Statements.

Signature _____ Date _____

Please mail your completed form to:

Brazosport Teachers FCU
Attn: Member Service
216 Lakeview Dr.
Clute, TX. 77531

Fax or Email to:
(979) 265-4328
info@btfcu.net
P: (979) 265-5333

<i>For Credit Union Use</i>			
Processed On:		ID Verified By:	
Processed By:		ID Type:	