



Account Closing Request

To:

From:

Address:

Please close the following accounts with your institution:

Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other
Account #	Checking	Savings	Money Market	Other

Please send any funds remaining in these accounts to:

The address shown above. The following address:

To my account at:
TEXAR Federal Credit Union
2301 Richmond Road
Texarkana, TX 75503
Routing / Transit Number: #**311989344**

Account Number:

Share Type:

Primary Account Holder Signature: _____ Date: _____

Secondary Account Holder Signature: _____