



An educated choice

TVTFCU ACCOUNT CLOSURE FORM

Dear TVTFCU,

I am informing you that I would like to close the following account:

Account Number _____

Savings Checking Summer Pay Club Holiday Pay Club

Money Market Visa Credit Card Health Savings Account (HSA)

Reason: _____

IN ADDITION TO THIS FORM YOU MUST SUBMIT A DRIVER'S LICENSE OR GOVERNMENT ISSUED ID TO VERIFY YOUR IDENTITY. YOU CAN SEND A COPY TO US BY EMAIL: MSR@TVTFCU.ORG, BY FAX: 860-253-4785, OR BY MAIL.

Please forward all necessary statements and tax information to the following address:

STREET

CITY STATE ZIP CODE

PRIMARY MEMBER NAME (Please Print Clearly) DATE

PRIMARY MEMBER SIGNATURE DATE

FOR CREDIT UNION USE ONLY:

Health Savings Account (HSA) Online Bill Pay Debit Card

Visa Credit Card CUSA Virtual Branch Loan Department

P 860-253-4780
P 800-749-8305
F 860-253-4785

182 South Road
Enfield, CT 06082

www.tvtfcu.org

