Tobacco Valley Teachers Federal Credit Union

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 ___Portico ___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

NCUA

EQUAL HOUSING LENDER