

Close Account Request Form

This form requires a copy of a valid form of ID. Please attach your documentation before submitting.

Member Name

Joint Member Name (If Applicable)

Member Phone

Member Email

Credit Union Account #

Accounts to be effected by this change (check all that apply):

All Accounts

Checking Account

Club Account

Vacation

Tax

Holiday

Certificate

Money Market

Credit Card

Reason For Closing Account:

Address to mail check (if applicable)

City

State

Zip Code

Member Signature

Date

For CU Use Only

Completed By: _____

Date: _____



Empowering Members. Changing Lives

P.O. Box 1607 Springfield, VA 22151

www.truenergyfcu.org 703-750-4394

Please send this form to TruEnergy Member Services Department. You may email this form to information@truenergyfcu.org, mail to P.O. Box 1607, Springfield, VA 22151, or bring into the Springfield Branch.