



PALMETTO CITIZENS
FEDERAL CREDIT UNION
ACHIEVE YOUR POTENTIAL®

Request to Close Account

Please complete a copy of this form and send or take it to your bank or other financial institution.

To (previous institution): _____

Account Number: _____

Account Holder (your name): _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

I hereby authorize and instruct the named financial institution to close the account indicated and send a check for the total remaining balance, if applicable, to my address listed on this form.

Please make this change effective: _____

Month / Day / Year

Signature

Date