



Suncoast Credit Union
Request to Close Account

Member # _____

SSN _____

Suffix _____ Suffix _____ Suffix _____ Suffix _____

Member Name _____

Type of Account(s): [] Personal [] Business

- [] Membership share (savings) Note: Cannot close membership shares (savings) if certificates, IRA, DCP, ATM, Check Card, Safe Deposit Box, Loans, Student Loans, Credit Card or payroll exists.
[] Special Share (savings)
[] Share Draft (checking) *
[] Money Market *

* All drafts Check Card, ATM transactions must be posted prior to closing a Share Draft or Money Market account. Drafts may be paid from a new account due to fraud, lost/stolen drafts only.

Reason for closing account(s):
Check the applicable box(es)

- [] Dissatisfaction with service
[] Inconvenient locations
[] Non competitive rates
[] Moving out of area
[] Consolidating accounts
[] Other _____

If account is being closed due to fraud, lost or stolen checks complete the section below.

I hereby request and authorize Suncoast Credit Union to pay the outstanding drafts listed below, of which I am an owner or joint owner/authorized signer of.

Table with 4 columns: #, \$, #, \$ for listing outstanding drafts.

Member/ Joint Owner/ Authorized Signer

Daytime phone number

Credit Union use only:

Date account closed _____ Processor _____ Service Center _____
Suffix _____ Suffix _____ Suffix _____ Suffix _____
Closing Balance \$ _____
Transfer to account # _____
Issued Check # _____

Fax requests with outstanding drafts to the Resolutions Department at (813) 635-8998 and the EFT Department at (813) 621-5594; forward original to the Records Department.