

***I'm switching to TVA Community Credit Union!***

**Account Closing Request**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please close my account at:**

Financial Institution: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address of Financial Institution: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number(s) and Account Type(s) I am authorizing closure of:

Number: _____	Type: _____
Number: _____	Type: _____
Number: _____	Type: _____
Number: _____	Type: _____
Number: _____	Type: _____

**Please check one:**

- Mail the remaining balance of my account(s) to my address listed above.  
 Send the balance of my account(s) to be deposited at TVACCU.  
(address below)

**My TVACCU Account Number is:** \_\_\_\_\_

**Mail to: TVA Community Credit Union  
TVA Reservation  
Muscle Shoals, AL 35662**

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. TVACCU is not responsible for charges occurred for insufficient funds. Please return this form to your TVACCU Member Representative to determine when to send. This Credit Union is federally insured by the NCUA.