



Account Closure Request

Bank Name			
Address 1			
Address 2			
City	State	Zip	
To whom it may concer	n:		
I	would like to close my b	ank accounts at	
The account numbers t	o be closed are:	&	
Please send a cashier's Address 1	check of any additional funds to):	
Address 2			
City	State	Zip	
If you have any questio	ns, please contact me.		
Sincerely,			
Member Name:			
Member Phone Numbe	r: ()		
Member Email:			
<notary seal<="" stamp="" td=""><td>></td><td></td><td></td></notary>	>		

Corporate Office: 8045 N. Wickham Road • Melbourne, FL 32940 • SCCU.com • Brevard: 321-752-2222 Broward: 954-704-5000 • Miami-Dade: 305-882-5000 • All Other Areas: 800-447-7228



