

A Better Way of Banking

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Checking • Savings • Loans • Business Services

Account Closure Request

Date	
Financial Institution	
Attn:	
Mailing Address	
City, ST, Zip	
Dear Account Representative,	
I am in the process of transferring my account(s) to Carolina Trust Fed this letter as an official request to close my account(s) with your fir	
I understand all checks and automatic withdrawals should clear before have not written any checks or made any automatic withdrawals during already arranged to switch any automatic withdrawal(s) and/or payroll Credit Union.	g the past two (2) weeks. I have
Please contact me at	if you count information is listed below:
Name(s) on Account	Account Number
Please mail the remaining balance(s) in the form of a check made paya	able to me at:
PayeeC/O Carolina Trust Federal Credit Union	
Attn:	
P.O. Box 780004 Myrtle Beach, SC 29578-7804	
Print Name	_
Signature	Date