



Thank you for reaching out to us!

We are more than happy to guide you in completing your request.

To fulfill your request, please complete the documents in their entirety with original signatures. The documents can be returned by:

- Delivering to your local Service Center
- Mailing to:
Suncoast Credit Union, Attn: Account Operations
P.O. Box 11904
Tampa, FL 33680-1904

We are unable to make changes to account information presented to us by fax.

*** If you are opening a new account, please ensure that funding instructions for this account are included. The minimum deposit for a Savings Account is \$5 and there is not a minimum deposit required for a Checking Account.**

Please contact our Member Care Center for questions regarding requirements at (813) 621-7511 or 1-800-999-5887, extension 87500.

Thank you for being our member!



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.

Table with 4 columns: #, \$, #, \$. Each column contains five rows of blank lines for entering draft information.

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 EFT Department at (813) 621-5594.