## **TFED SWITCH KIT** ACCOUNT CLOSURE REQUEST FORM

Complete this form to request that the account(s) you currently have with your former financial institution be closed and any remaining funds sent to you. Please remember to keep enough funds in the account until all outstanding payments and transactions have cleared.

**Mailing Information:** 

Name of Employer/Company	
Address	
City, State, Zip Code	

To whom it may concern,

Please close my account listed below and send a check to me at the address listed below for any remaining funds and interest earned in the account(s).

Please close the following accounts:				
Account Number:	_□ Savings	□ Checking	□ Money Market	□ Other
Account Owners Name(s):				
Account Number:	_□ Savings	□ Checking	□ Money Market	□ Other
Account Owners Name(s):				

Please send remaining funds to the following address:				
Main Member's Mailing Address	TFed Credit Union			
Name:	TFed Credit Union			
Address:	14 Church Green			
City, State, Zip:	Taunton, MA 02780			

If you have any questions about this request, please contact me. I understand that I will need to verify that all outstanding payments and deposits have cleared before the account is closed. I have already made arrangements to switch any automatic debits and deposits I have associated with this account.

Main Member Name:	Main Member Signature:
Joint Member Name:	Joint Member Signature:



## Connecting All Departments: (508) 824-6466 | www.tfed.com

Membership is established by opening a \$5 share/savings account and is available to anyone who lives, works, worships or attends school in Bristol, Barnstable and Plymouth Counties in Massachusetts; Bristol, Kent, Newport and Providence counties in Rhode Island; and the Rhode Island towns of Charlestown, Exeter, Hopkinton, Narragansett, New Shoreham, North Kingstown, Richmond and South Kingstown. Federally Insured By The National Credit Union Administration. (a) Equal Housing Lender. EOE.