



Close Account Request Form

Use for other financial institutions

Please use this form to close your checking account at another financial institution. Fill out the information below and mail this form to your current financial institution once your last check, automatic deposit or withdrawal, and automatic payment have been cleared from this checking account.

Financial Institution Name: _____

Address: _____

City, State, ZIP: _____

To Whom It May Concern:

Please close my account number # _____ and forward the funds remaining in this account to:

Travis Credit Union
One Travis Way, Vacaville, CA 95687
Routing Number: 321170839
Travis Credit Union Account #: _____

Account Type: _____ Checking _____ Savings

Thank you for your assistance,

Sincerely:

Name (Please Print): _____ Date: _____

Signature: _____

Address: _____

City, State, ZIP: _____

Phone: _____

Joint Owner – if applicable (Please Print): _____

Joint Owner Signature – if applicable : _____

800-877-8328

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