

Close Account Request

Date

Financial Institution's Name

Address

City

State

Zip

Please close my account(s) and send a check for the remaining balance to me at the address listed below.

Account number

Account Type

Account number

Account Type

Account number

Account Type

If you have any questions about this request, please contact me at:

(_____) _____ - _____ (_____) _____ - _____ (_____) _____ - _____
Cell Phone Home Phone Work Phone

Signature

Joint Owner Signature (If applicable)

Print Name

Joint Owner Print Name (If applicable)

Address

Address

City, State, Zip

City, State, Zip

Notes:

Main Branch
5444 S Staples St.
Corpus Christi, TX 78411
Ph: 361-991-6178
Fax: 361-993-1704

SPID Branch
1430 S. Padre Island Dr.
Corpus Christi, TX 78416
Ph: 361-882-8841
Fax: 361-882-4060



Violet Branch
11166 Up River Rd.
Corpus Christi, TX 78410
Ph: 361-241-0045
Fax: 361-241-3997

Harlingen Branch
722 S. Loop 499
Harlingen, TX 78550
Ph: 956-428-8711
Fax: 956-428-3520