

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: 361-991-6178
Fax: 361-882-4060



Violet Branch
11166 Up River Rd.
Corpus Christi, TX 78410
Ph: 361-991-6178
Fax: 361-241-3997

Harlingen Branch
722 S. Loop 499
Harlingen, TX 78550
Ph: 361-991-6178
Fax: 956-428-3520