



Account Closing Request

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ E-mail: _____

Please close my account at:

Financial Institution: _____ Phone: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip: _____

Account Number(s) and Account Type(s) I am authorizing closure of:

Number: _____ Type: _____

Number: _____ Type: _____

Number: _____ Type: _____

Number: _____ Type: _____

Number: _____ Type: _____

Please check one:

Mail the remaining balance of my account(s) to my address listed above.

Send the balance of my account(s) to be deposited at Hotel and Travel Industry Federal Credit Union. (address below)

My HTIFCU Member number is: _____

Mail to:

**Hotel and Travel Industry Federal Credit Union
1600 Kapiolani Blvd. Suite 110
Honolulu, HI 96814**

I hereby authorize Hotel and Travel Industry Credit Union to close my account(s). It is understood that a photocopy of this form will also serve as authorization.

Primary Account Holder Name (Print): _____

Signature: _____ **Date:** _____

Secondary Account Holder Name (Print): _____

Signature: _____ **Date:** _____

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. HTIFCU is not responsible for charges occurred for insufficient funds. Work with your HTIFCU Member Service Representative to determine when to send this form to your previous financial institution. This Credit Union is federally insured by the National Credit Union Administration.