



Texas Associations of Professionals F C U

9110 IH 10 West, Suite 100

San Antonio, Texas 78230-3112

*(210) 593-3710 * (210) 593-1222 Fax*

www.tapfcu.coop

Date: _____

Account Number(s): _____

Request to Close the Following Account(s):

- Savings*** *** If a MasterCard Debit card was issued on*
- Checking** *the checking account, please verify that all*
- Line of credit** *outstanding charges have cleared the account*
- MasterCard** *and that Management cancel the card immediately.*

In an effort to better serve members of TAP FCU, ***Please Provide the Reason for Closing the Above Account(s).*** All comments and/or suggestions are appreciated.

AUTHORIZED SIGNATURE

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***We are unable to close a Share Savings account unless all other accounts under that same member account number are closed and loans to include MasterCard are paid in full and closed.**

=====OFFICE USE ONLY=====	
VERIFIED:	
____ SSN ____	____ DATE OF BIRTH ____
____ SIGNATURE ____	____ DL# ____
____ WALK-IN ____	____ PHONE ____
____ E-MAIL ____	____ FAX ____
____ MAIL ____	
DATE CSS UPDATED: _____	
LOGGED (Y/N) _____	
STAFF INITIALS: _____	
ACCOUNTING DEPARTMENT VERIFIED:	DATE VERIFIED: