



# TEUCU Account Closure Request Form

Fill in and Print this form, Take it to the financial Institution holding the account you wish to close.

This notice serves as a request and authorization to close my account as designated below.

## ACCOUNT INFORMATION:

Account Number \_\_\_\_\_

Chequing       Savings       Certificate of Deposit       GIC

By signing this form I authorize you to release the remaining funds in my existing account in the form of a draft cheque made out to:

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**Please send receipt of account closure and cheque to my financial institution at the following address:**

Payable to me:

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Middle Name

\_\_\_\_\_  
Last Name

Mail cheque to :

**Toronto Electrical Utilities Credit Union Ltd.  
14 Carlton Street  
Toronto, Ontario  
M5B 1K5**