

Account Closing Request



To:

From:

Address:

City, State, Zip:

Please close the following accounts with your institution:

Account# _____ Account Type _____

Account# _____ Account Type _____

Account# _____ Account Type _____

Account# _____ Account Type _____

Please send any remaining funds in these accounts to:

The address shown above

To my account at BrightStar Credit Union:

P.O. Box 8966

Fort Lauderdale, FL 33310-8966

Account Number _____

Sincerely,

Primary Account Holder Signature: _____ Date: _____

Joint Account Owner Signature: _____

For additional information or help, contact us at:
954-486-2728 800-637-BSCU (outside Broward County)
www.bscu.org/contact