	CLOSE ACCOUNT FORM
Date	
Date	
Financial Institution Name	
Financial Institution Address	
City, State, Zip	
To whom it may concern:	
The purpose of this letter is to inform you that I am switching my account	t to HOUSTON TEXAS FIRE FIGHTERS
FEDERAL CREDIT UNION, effective immediately.	
Please close my account, an, an,	d send the remaining balance directly to Houston
Texas Fire Fighters FCU for deposit into my new account at the address le	
Account Type(s) Checking Savings Money Mark	ret CD All Accounts
If you have any questions about this request, please contact me during the	DAY / EVENING. (circle one)
at (
Thank you for your assistance.	
Sincerely,	
Signature Joint Ov	vner Signature
Name (Please print) Joint Ov	wner Name (Please print)
Please send my remaining balance for deposit into the account number an	d address listed below:
HTFFFCU Account Number	
MAIL TO: Houston Texas Fire Fighters FCU	
P.O. Box 70009 Houston, Texas 77270-0009	TUBAT

