



Account Closure Request

Date _____

Current Financial Institution _____

Street Address _____

City, State, Zip _____

Instructions:
Print this form and send it to the Financial Institution where you currently have your account. All automatic deposits and withdrawals need to be switched to your OECU account and all checks and debit card transactions should be allowed to clear before closing the old account.

To whom it may concern:

Please immediately close my (checking savings) account and send the balance of the account to:
(by check or ACH) *(by wire transfer)*

- Oklahoma Educators Credit Union**
PO Box 22222
Oklahoma City, OK 73123
(405) 722-2234
Routing # 303085353
Account # _____
 Checking Savings

- Catalyst Corporate FCU**
ABA# 311990511
Beneficiary FI: Oklahoma Educators CU
ABA# 303085353
Account# _____
Memo _____

If this request requires any additional information from me please contact me at the number listed below.

Sincerely,

Signature

Printed Name

Street Address

City, State, Zip

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Daytime Phone