



Account Closure Request

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.

Date

Current Financial Institution

Street Address

City, State, Zip

To whom it may concern:

Please immediately close my (☐ checking ☐ savings) account and send the balance of the account to:

(By check or ACH)

☐ **Oklahoma Educators Credit Union**

PO Box 22222

Oklahoma City, OK 73123

1 (800) 324-8259

Routing #303085353

Account # _____

☐ Checking ☐ Savings

(By wire transfer)

☐ **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,

Printed Name

Signature

Street Address

City, State, Zip

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Phone #