



# Toledo Teachers Credit Union LTD.

Queen Street, Punta Gorda Town, Post Office Box 95  
Toledo District, Belize C.A.

[www.ttcupg.org](http://www.ttcupg.org)

## Re: Account Closure Form

Date: \_\_\_\_\_

Ref: \_\_\_\_\_

Dear Sir/Madam:

I acknowledge the advice provided to me concerning insurance protection on my savings account as a benefit package paid by the Credit Union. I recognize the consequences affected by closing an account.

I chose to close my account and below is/are the reasons for account closure:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Member Name: \_\_\_\_\_

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

Social Security No.: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

Deposits: \$ \_\_\_\_\_ Main Shares: \$ \_\_\_\_\_ Sub Total: \$ \_\_\_\_\_

- Adult
- Minor
- Joint
- Group/NGO

Thank you for your assistance.

\_\_\_\_\_  
**AUTHORIZED SIGNATURE**  
(Original signature required to close account)

\_\_\_\_\_  
**DATE**

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### For Official Use

\_\_\_\_\_  
Authorized Management

\_\_\_\_\_  
Frequency of Closure

\_\_\_\_\_  
Teller Signature