



Close Account Request Form

Member Name

Joint Member Name (if applicable)

Phone Number

Email address

Credit card number

Accounts to be effected by this change (check all that apply):

☐ Credit Card

Reason for closing the account:

Address to mail check (if applicable)

City

State

Zip Code

Member Signature

Date

Joint Member Signature

Date

Please send this form along with any other required documentation (i.e. Driver's License, Valid Government ID, etc.) to TruEnergy Member Services Department. You may email this form to information@truenergyfcu.org, mail to P.O. Box 1607, Springfield, VA 22151, or bring into the Springfield Branch.