# ASU System Foundation, Inc.
# Request to Close Account

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**Date:** _____ **Contact Name:** _____ **Campus:** Select Campus

**Department:** _____ **Phone:** _____

**Account Name:** _____ **Account Number:** _____

**Current Balance:** _____

**Enter Account Name and Number for Balance Transfer:**

**Account Name:** _____ **Account Number:** _____

**Enter reason(s) for closing account:**

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|---|
| |

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**Approvals:**

Account Controller

Dean/Department Head

Provost/Vice Chancellor

**Please email completed form and supporting documentation to**
**systemfoundation@asusystem.edu**
Contact us at 870-972-3362 for assistance.

***For System Foundation Use Only:***

Approved by: _____