

**Account | Element  
Deactivation Request**

To request the closure of an account or element of an account, please complete the below form.

**Element Information:**

TYPE	NUMBER	NAME
Fund		
Cost Center		
Internal Order		
Deactivation Effective Date		
Account Manager Name		
Account Manager NetID		

**Deactivation Reason:**

**Requester Contact Information:**

Name	
NetID	
Phone	

**Account Manager Approval:**

Printed Name	Signature	Date

Submit completed request forms to Financial Reporting & Analysis at [FIAccountRequest@txstate.edu](mailto:FIAccountRequest@txstate.edu).