



REQUEST TO CLOSE ACCOUNT

This serves as written authorization to close my account(s) _____.
(Member Number)

I am requesting:

- ☐ Cash
- ☐ A check payable to myself, picked up in person
- ☐ A check payable to myself, mailed to the current address on file
- ☐ Transfer to another FHCU account. Account # _____

I understand any outstanding fee(s) will be deducted prior to closing of the account(s).

ATM/Debit cards linked to this account will be closed and any checks in your possession should be destroyed.

All of my/our outstanding checks and automatic withdrawals have been paid from this account. No further checks, automatic deposits or withdrawals will be presented on this account. In the event a check, automatic deposit or withdrawal is presented to the closed account, you as the account holder will be responsible for any associated fees incurred.

Please check one of the following reasons for closing your account to better serve our members:

- ☐ Moving
- ☐ Banking elsewhere
- ☐ Dissatisfied (please explain) _____
- ☐ Needed money
- ☐ Other (please explain) _____

Primary Member Name (Print)

Primary Member Signature (Required)

Date

Joint Owner Name/ Signature

Date

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