

Account Closure Request

I, Member's Name (print	, am requesting to close the
Member's Name (print)
following FFCU accounts under i	member number
Savings*	Share Certificate (CD)*
Checking	Money Market
Christmas Club	IRA*
*If you have multiple accounts please s	pecify sub-account numbers
there are any pending authorizat understand that I am fully respon	etronic debits and/or credits. In the event that ions that have not yet posted to my account, I asible for complete payment of those items. I y Savings account (000) in this request, I will be th FFCU.
Member's Signature:	Date:
Phone Number	
Please Note: Additional inform your request.	ation may be requested in order to process
Reason for account closure: (p	lease circle)
Dormancy/Inactive Fee	Service not satisfactory
Change in employment/Fired	Retired
Closing Loan Account	Moving
Other Please explain	
Processed By:	Teller Code: