



# Consumer Account Closure Form

Please use this form to request closure of your Credit Union account(s).

Name: (Please print) Last First MI

Account Number:

Address:

Phone Number(s): (Include area code)

Home: Work:

Email:

## Method for Disbursing the Funds Upon Account Closure

Cashier's Check

Transfer to another Freedom First Account: (Account Number)

Wire Transfer to another Financial Institution: (Name of Financial)

## Reason for Leaving

- Branch Locations ATM Locations Fees Online Services
Deposit Rates Loan Rates Service Moving

## Comments

Signature of primary account owner is necessary to process this request. Money will be sent to primary account owner's address of record.

Signature: Date:

### INTERNAL USE

Table with 3 columns: EMPLOYEE, TELLER #, DATE; FORM OF ID, ID #, EXPIRATION DATE.