



# Business Account Closure Form

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

Business Name:  
(Please print)

Account Number:

Address:

Phone Number(s): (Include area code)

Home:

Work:

Email:

## Method for Disbursing the Funds Upon Account Closure

Cash

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 authorized signer is necessary to process this request.  
Money will be sent to business's address of record.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

INTERNAL USE		
EMPLOYEE:	TELLER #:	DATE:
FORM OF ID:	ID #:	EXPIRATION DATE: