FreedomFirst
Where people bank for good

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)*

Comments

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

Account closure may be delayed or denied if loans, overdrafts, pending transactions, legal holds, pledged funds or other obligations exist on the account.

Signature: _____ Date: _____

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