

To close your Credit Union account(s), submit this completed form via fax, mail, or at any Freedom First branch.

Name:

(Please print)

Last

First

MI

Account Number:

Address:

Phone Number(s): *(Include area code)*

Home:

Work:

E-mail:

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