FreedomFirst
Where people bank for good

ACCOUNT CLOSURE REQUEST

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 *(Include area code)*

Home (_____)_____ Work (_____)_____

E-mail _____

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 ONLY		
Employee:	Teller #:	Date:
Form of ID:	ID #:	Expiration Date:

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