

SEAPORT
FEDERAL CREDIT UNION

Close Account Form

Date: _____

Member Name: _____

Account #: _____

Account Type: ___ Savings ___ Checking ___ Club ___ CD ___ IRA ___ MMA

Note: If there are any payroll deductions or direct deposit on this account, you must confirm that it has been stopped prior to closing the account. ___ Yes I have confirmed ___ No I have not confirmed yet

Address: _____

Telephone #: _____

Reason for Closing: _____

Suggestions: _____

Signature: _____

For Credit Union Use:	TJ	ATM	HB	DB	VA	AR	INS.
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

MSR Signature: _____

Manager Signature: _____

Date _____

Date: _____

Supervisory Member _____

Date: _____

*** Make copy of form and place in folder for Supervisory Committee**