

Close Account Form

Date: _____

Member Name: _____

Account Number: _____

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: _____

Phone Number: _____

Reason for Closing: _____

Suggestions: _____

Signature: _____

For Credit Union Use:

TJ

ATM

HB

DB

AR

VA

IRA

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MSR Signature: _____ Manager Signature: _____

Date: _____

Date: _____

Supervisory Signature: _____ Date: _____

Seaport

FEDERAL CREDIT UNION