



Account Closure Request

We have received your request to close your Certified Federal account and would appreciate the opportunity to hear your concerns and discuss other options to help you realize the benefits of our financial institution's membership. You are a valued member and we would like to continue to provide you with financial services. Whether you reconsider your membership with us or not, we would still appreciate your feedback, as we are always looking for ways to improve. Please call me directly: **Katey Luscomb 323.859.2250, Ext. 273.**

To close your account, please complete the following form and return in the enclosed envelope or fax to: 626.246.3126.

Please select the reason(s) for closing your account(s). This information will allow us to better serve our members:

- Distance to branches Moving out of area Negative experience Holds on checks Fees
 Closing investment(s) Loan(s) paid Consolidating funds Loan not approved
 Other (please explain below)

Comments: _____
_____ Z

Complete the following in full to close your account(s).

Account No. _____ Social Security No. _____

Account(s) to be closed: Checking Savings Visa Loan Christmas Club Vacation Club

Member Name _____ Phone No. _____

Street Address _____

City _____ ST _____ ZIP Code _____

Funds Disbursement (please select one):

Mail balance to address above, payable to Certified Federal member: _____

Transfer to Certified Federal Account No. _____ Acct Type: _____



Account Closure Request

This Account Closure Request Form must be sent to the address or fax number indicated below. Please allow 10 days from the date Certified Federal Credit Union receives this Account Closure Request for the account(s) to be closed. By closing the account, the member below authorizes all electronic access via ATM, Debit Card, Bank by Phone and Online Banking to be revoked, which includes access for all primary and joint account holders. All lines of credit will be withdrawn. Any sub-account(s) with negative balance(s) at the time the accounts are closed will be paid to current using funds available in the member's sub-accounts. Any remaining funds will be transferred to the savings account and mailed as one check to the address indicated above. If the sum of the accounts is negative, the accounts will not be closed. A new Account Closure Request must be submitted once all accounts are current. Please note that accounts left unpaid may negatively affect your credit rating. Once the accounts are closed, Certified Federal Credit Union will no longer honor any ACH or Visa withdrawals. However, ACH deposits will be accepted for up to 30 days, including deposits from employers. Please advise your employer and any merchants who make withdrawals or deposits on your account(s). All terms and conditions are subject to change without notice. Other restrictions may apply; please call for details.

Member Signature

Date

Joint Account Holder Signature

Date

BOTH SIGNATURES REQUIRED FOR JOINT ACCOUNTS

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Return Completed Form:

Mail: Certified Federal Credit Union

Fax: 626.246.3126

4455 Arden Drive

El Monte, CA 91731-1501

For Office Use Only:

Date Closed _____ Amount \$ _____

Officer _____