



MEMBER REQUEST TO CLOSE ACCOUNT

Please be aware that you do not have to close your account because you have changed employment, affiliation or residence. Also, once your account is closed, you may no longer be eligible to rejoin if you are no longer within our field of membership.

Name	Account Number	Social Security Number
Address	Phone Number	
Signature	Driver's License Number	

Please indicate why you are closing your account by checking the appropriate reason below.

1. Relocation (Out of Area) _____
2. Dissatisfied with Service _____
3. Inconvenient _____
4. Other _____

IMPORTANT: You must comply with the following before your account can be closed.

	YES	NO	N/A
1. Do you have any unpaid loans or credit cards?	_____	_____	_____
2. Have you cancelled your payroll deduction?	_____	_____	_____
3. Any outstanding Check Card purchases?	_____	_____	_____
4. MasterCard/Visa returned to CU?	_____	_____	_____
5. Safe Deposit Box Closed?	_____	_____	_____
6. ATM/Check card returned to CU?	_____	_____	_____

Please evaluate the following:

	GOOD	FAIR	POOR
1. Quality of CFECU services.	_____	_____	_____
2. Courtesy/friendliness of employees	_____	_____	_____
3. Employee knowledge/professionalism	_____	_____	_____

FOR OFFICE USE ONLY:

Date: _____	Teller # _____	Branch # _____
Credit Cards Issued _____	Balance _____	
Safe Deposit Box # _____	Lease Auto Payment _____	
Check # _____	Check Amount: _____	