



Request to Close Credit Union Account

Account Number: _____

First Name: _____ Middle Initial: _____

Last Name: _____ Maiden Name (if applicable): _____

I would like to close the following accounts. I understand that my Share Savings account must remain open for me to benefit from any other Credit Union Services.

- SHARE/SAVINGS
- SHARE DRAFT/CHECKING
- LINE OF CREDIT
- uCHOOSE
- OTHER _____
- POT-OF-GOLD
- IRA (Complete withdrawal statement)
- MONEY MAKER
- SHARE CERTIFICATE

Mastercard Debit items outstanding YES NO

If yes, please list amounts \$ _____ \$ _____ \$ _____

The last check number that was written on my account was # _____ Amount \$ _____

Please state the reason(s) why you are closing your account with EPFCU:

Please disburse my funds in the following manner:

Cash/Check Withdrawal Mail check to address on file Transfer to other EPFCU Account: _____

I certify that the above information is correct. I understand that my checking account will be closed in the required (2) business days and the funds disbursed as requested above.

Member's Signature: _____ Date: _____

Joint Signature: _____ Date: _____
(If Applicable)

CREDIT UNION USE ONLY
Request processed by: _____ **Branch:** _____ **Date:** _____

Federally insured
by NCUA



We do business in accordance with the Federal Fair Housing Law and the Equal Credit Opportunity Act.