



Close Account

Date: _____

Please print legibly.

Please return this to us as soon as possible.				
Mail or in person:		501 Sixth Street, Suite 2E/2F Brooklyn, NY 11215		
Questions:		(718) 780-3618		
Name (Last, First, Middle):		Credit Union Acct#:		Home Phone Number
Street/Apt.			City/State/Zip	
Do you have any of the following with us? <i>(check any that apply)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Visa Credit Card	Other Loans, including guaranteed student loans	Share Draft Account	Mastercard Debit Card

As of today's date, I am requesting that you close my account with the Credit Union.

I am aware that upon closing my account, I will cease to be a member and cannot have any outstanding loans or credit cards.

If I have a share draft account, I have reconciled it and am sure that no further checks are outstanding.

If I have a debit card, I certify that all of my recent purchases have cleared my account.

I understand that I am responsible for any costs the Credit Union may incur due to my activity even after my account is closed.

I have given my authorization to stop payroll deductions by completing the "Payroll Deduction" card and turning it in to the Credit Union. If there are funds to be deposited through payroll deductions next month, please send these funds to the address I have written on the attached envelope. This change will be effective with pay period ending:_____.

Signed,

(signature)