



Close Account Request

Account Owner Requesting Account Closure: Primary Owner Joint 1 Joint 2 Joint 3

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

 City, State Zip

 Home Phone Number Work Phone Cell Phone

 Signature of Account Owner Requesting Account Closure Identification Number ID Type

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Have you cancelled your payroll deduction?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Any outstanding Check Card purchases?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Mastercard/Visa Returned to CU?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Safe Deposit Box Closed?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ATM/Check card returned to CU?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Cancelled Billpay?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please evaluate the following:

	GOOD	FAIR	POOR
1. Quality of CFE FCU services	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Courtesy/friendliness of employees	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Employee knowledge/professionalism	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

FOR OFFICE USE ONLY:
 Date: _____ User ID # _____ Branch # _____