



California Adventist Federal Credit Union

1441 E. Chevy Chase Drive, P.O. Box 9513

Glendale, CA 91206

Phone (818) 246 - 7241

Email: operations@cafcu.net

Website: www.cafcunet

CLOSE ACCOUNT REQUEST

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #:

City State Zip Code

Joint's Name: _____
Last First M.I.

Account #: _____ Social Sec. #: _____ - _____ - _____ DOB: _____

REQUEST TO CLOSE MY CAFCU ACCOUNT(S):

- Close account(s) indicated: Savings (01) Money Market (02) Secondary Savings (03)
- Christmas Club (25) Other: _____
- Checking (75/78)
- VISA Debit card VISA Credit Card

REMAINING FUNDS WILL BE DISBURSED BY:

- Picking up check at CAFCU branch.
- Mailing me a check of the remaining balance to the above address.
- Transferring the remaining balance to Acct #: _____

In order to close account a photo ID MUST be provided

By signing below, I am Acknowledging the term of my request as indicated on this form and agree to the Credit Union's processing fee of \$40 for my request.

Member's Signature: _____ Date: _____

Please take a moment and complete this survey:

My reason(s) for closing my account(s) with CAFCU are:

- Relocating home or work Other issues: _____
- Better rate elsewhere CAFCU products and services limitations: _____
- Need the funds for personal use CAFCU Customer Service issues: _____

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(for Office Use Only)

Closed by: _____ Date: _____