



Federal Credit Union

Close Membership Request

Name: _____

Account #: _____ Telephone: _____

Debit Card Number: _____

Mailing Address (this is needed to receive your final statement and any year-end tax documents):

Before requesting that your account be closed, *please make sure all pending or outstanding transactions have cleared*. You must surrender your card(s) and allow at least 24 hours for Transfund activity to process.

You are responsible for terminating the following services:

- ↳ Direct deposit- contact your payroll department to stop.
- ↳ Payroll deduction- complete payroll card to discontinue.
- ↳ Pre-authorized withdrawals from your account (insurance payments, utility bills, health club, internet service, etc.)- contact each company to stop auto withdrawal.

Please rate our service on a scale of 1-10 (1=Very poor, 10=Excellent):

Member Service: _____ Products/Services offered: _____

Comments: _____

Signature: _____ Date: _____

For OUFUCU Use Only

Rec'd By Date

Processed By Date