



# Membership and/or Account Closure

I, \_\_\_\_\_ authorize SF Fire Credit Union to close my:

Membership (Number \_\_\_\_\_) and all associated Accounts

Savings Account(s)      Checking Account(s)      Tiered Saving(s)      Certificate of Deposit(s)

IRA Share(s)/CD(s)      HSA Account(s)      Other \_\_\_\_\_

## Please provide the reason for closure:

Deceased      Dissatisfied      Relocated      Loan Paid in Full

Escheated      Account Consolidation      Other \_\_\_\_\_

## Disbursement of Options:

Cash (based on Balance)      Cashiers Check      Transfer to SFFCU Member # \_\_\_\_\_

I acknowledge that SFFCU will be closing the accounts as directed above. I understand that any items presented for payment will be returned "Account Closed". I certify that any unused checks or debit cards associated with any of the accounts will be destroyed.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date