



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 Inactive Account 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