



2998 Chili Avenue - Rochester, NY 14624
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www.spxfcu.org

CLOSED ACCOUNT REQUEST FORM

Person closing account:

Member Account #: _____

Joint Member Account #: _____

Funds to be disbursed:

Cash Amount: _____

Check Amount: _____ CK# _____

Transfer to: _____

Member Name: _____

Social Security #: _____

Joint Member: _____

Social Security #: _____

Please close: my entire membership **OR**

the accounts listed: Share Draft # _____

Christmas Club # _____

Money Market # _____

Other: _____

Reason for closing account:

Moved out of the area

No longer use the account

Consolidating accounts

Better rates at another financial institution

I found more convenient services elsewhere. Please explain: _____

Other. Please explain: _____

I request that SPXFCU close the account(s) indicated above. I also understand that to close my credit union membership, I must pay off any loan, student loan or VISA® balances held at SPXFCU.

Primary Member Signature Identification Date

Joint Member Signature Identification Date

State of _____

County of _____

_____ of _____

SS: _____

On this _____ day of _____, in the year two thousand _____, before me the subscriber appeared _____ to me personally known to be the same person described in and who executed foregoing instrument, and he executed the same.

OR

Notary Public

Witness (SPXFCU Employee)

Internal Use Only: Verify Accounts using Relationship Profile () Verify when the Debit Card was last used and () Verify if any o/s checks exists

Overdraft: Y / N IRA: Y / N Loan: Y / N Bill Pay: Y / N Checking: Y / N CD: Y / N

Debit Card: Y / N ATM Card: Y / N VISA: Y / N (back office) Student Loan: Y / N (back office)

Initials: _____ Date: _____