



ACCOUNT CLOSURE REQUEST

I, _____ hereby request and authorize Actors Federal Credit Union to close the following account(s) [write each account number you wish to close below]:

I confirm and agree that all the following items have been discontinued and suspended from my account [initial next to each item below]:

_____ I agree and request the closure of any and all active Credit Cards and Cash Draw Lines of Credit which may be linked to these accounts.

_____ I have suspended all ACH Payments To and From these accounts.

_____ I have suspended all Bill Payments From these accounts.

_____ I agree to suspend use of all Debit Cards which may be linked to these accounts.

_____ I agree to discontinue use of any Checks which I may have for these accounts.

ACCOUNT DISPOSITION

_____ Transfer the remaining account proceeds to ActorsFCU Account # _____.

OR

_____ Mail the remaining account proceeds to the following address:

Please note in order to maintain a Credit Card, Consumer Loan, or Mortgage with ActorsFCU, members must maintain a Share Savings with a minimum balance of \$100.00. Please speak with a Member Services Representative for more information.

Member Signature: _____ Date: _____

Internal Use Only:

Received By: _____ Closed On: _____ Notes: _____