



PO Box 30831
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FAFCU.org

AUTHORIZATION TO CLOSE MEMBERSHIP

- Complete this form in its entirety to avoid delays.
- Include a copy of **your valid U.S. government-issued identification** (license, passport, ID); mail or bring both documents to a branch.

Member Information

Member Name (First, MI, Last)	Account Number
Daytime Phone Number	Email Address
Street Address	City, State, Zip Code
Today's Date	Effective Date of Account Closure

Accounts to Close

☐ Ownership Savings ☐ Checking ☐ Other _____

Dispersal of Funds

- ☐ Mail funds to the address listed on this form
- ☐ Open a new membership and deposit funds.
- ☐ Transfer funds to existing account number: _____

Special Instructions

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Authorization

I am the primary owner of the account listed on this form, and I authorize F&A Credit Union to close the account on the date requested herein. I understand and agree any drafts presented from this date forward will be returned "Account Closed" whether written prior to, on, or after the above date of closure. I also understand that F&A Credit Union is not responsible for any charges assessed by merchants resulting from such returns. Not applicable to deceased accounts.

Member Signature (required)

Date