



PO Box 30831
Los Angeles, CA 90030-0831
800-222-1226
FAFCU.org

AUTHORIZATION TO CLOSE ACCOUNT

Name on Account	Account Number
Street Address	City, State, Zip Code
Daytime Phone Number	Email Address

F&A Credit Union is authorized to close the following account(s) established under the above referenced member number effective _____

- ☐ Mail a check to the above address.
- ☐ Close and open a new account.
- ☐ Transfer funds to account number. _____

Accounts

- ☐ Regular Savings Account ☐ Other _____

I understand that as of the above effective date any drafts presented from this date on 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.

Special Instructions: _____

Member's Signature

Date

Joint Owner's Signature

Date

Joint Owner Print Name