



## REQUEST TO CLOSE ACCOUNT

DATE: \_\_\_\_\_

### MEMBER INFORMATION

NAME: \_\_\_\_\_ MEMBER NUMBER: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

This form serves as form request to close my account with Equitable FCU.

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

MEMBER SIGNATURE: \_\_\_\_\_