



Account Closure Form

Service Federal Credit Union Corporate Offices
Stateside Offices: P.O. Box 1268, Portsmouth, NH 03802 | 800.936.7730
Overseas Offices: Unit 3019, APO AE 09021-3019 | 00800.4728.2000

I, _____, wish to close the following accounts under Member # _____:
Member's Name

- Share suffix # _____
- Share Draft suffix # _____
- Other account # _____
- All accounts

I am closing my account for the following reason: _____

I understand that as a result of closing my account that any drafts presented for payment will be *returned unpaid*. Certain pre-authorized transactions, such as a subscription payment, may result in the account being reopened and the transaction(s) force-posted to the account even if there are insufficient funds. These transactions include PIN-based VPAY card transactions and deductions of provisional credits provided on outstanding claims. I acknowledge that I will be responsible for reimbursing the credit union for any resulting overdraft.

I understand that all out-going recurring payment orders will be cancelled and any money I still owe to creditors, companies or a landlord is my responsibility to pay.

Send a check for the remaining balance to the address listed below:

Address _____

City _____ State _____

Phone _____

By signing below, I agree to and acknowledge all statements above.

Signature of Member _____ Date _____

Signature of Joint Owner _____ Date _____

TO BE COMPLETED BY EMPLOYEE	
_____ Print Employee Name/Teller	_____ Employee
_____ MICR	_____ Branch