

CALIFORNIA ADVENTIST FEDERAL CREDIT UNION  
1441 E. CHEVY CHASE DR  
GLENDALE, CA 91206  
PH# (818) 246-7241  
FAX# (818) 240-5809

Date: \_\_\_\_\_

Member Account#: \_\_\_\_\_

Member's Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone #: \_\_\_\_\_

Social Security # (last 4 #'s) \_\_\_\_\_

**RE: REQUEST TO CLOSE MY ACCOUNT:**

Please be advised that this form serves as a written authorization to:

\_\_\_\_\_ Close account indicated above.

\_\_\_\_\_ Transfer remaining balance from share draft to shares acct.

\_\_\_\_\_ Mail me a check of the remaining balance to the above address.

Your prompt attention to this request is appreciated.

Member Signature \_\_\_\_\_

(For office use only)

1) \_\_\_\_\_ Close Debit/Visa Card (2) \_\_\_\_\_ Close Visa Credit Card (3) \_\_\_\_\_ Loans