

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

Date: _____

Member Account #: _____

Member's Name: _____

Member SSN#: _____ Member DOB: _____

Joint's Name: _____

Current Address: _____

Current Phone# (s): Home: _____

Cell: _____

Work: _____

REQUEST TO CLOSE MY CAFCU ACCOUNT(S):

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

_____ Close account(s) indicated above.

_____ Transfer remaining balance from Share Draft to Regular Share Account.

_____ Mail me a check of the remaining balance to the above address and close the account(s) as indicated above.

Please list the address you would like the check mailed to:

Mail check to: _____

By signing below, I am acknowledging the term of my request as indicated on this form and agree to the CREDIT Union's processing fee for my request.

Member Signature: _____

Please take a moment and complete this survey:

My REASONS for CLOSING my account(s) with CAFCU are:

1. Relocating Home or Work: _____
2. Need the funds for personal use: _____
3. Better RATE elsewhere: _____
4. CAFCU Customer Srv. Issues: _____
5. CAFCU products and services Limitations: _____
6. Other Issues: _____

(For office use only)

1) _____ Close Debit/Visa Card (2) _____ Close Visa Credit Card (3) _____ Account(s)/Loans(s)