



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