the SUMMIT FEDERAL CREDIT UNION
We're Here For You

CLOSED ACCOUNT REQUEST FORM

Requestor: ❒Member
❒ Joint Member

Teller # _____
Date: _____
Internal Use Only

Account Number: _____

Member name: _____ Social Security #: _____

Joint member: _____ Social Security #: _____

Please close: ❒ my entire membership or ❒ the sub-accounts listed: ❒ Vacation (7)
❒ Holiday (6)
❒ Money Market (11)
❒ Other, specify _____
_____
_____

Reason for closing account:

( ) moved out of the area
( ) left the company affiliated with SFCU (once a member, always a member)
( ) a loan application was rejected
( ) I found more convenient services elsewhere. Explain _____
_____
( ) consolidating accounts. Why did you choose to close your account at Summit vs another institution? _____
_____
( ) policy changes: please explain _____
_____
( ) Other: please explain _____
_____

I request that The Summit Federal Credit Union close the account or suffixes indicated above. I do this with the full understanding that once I close my membership, I will not be eligible for membership in the future, unless I am employed at a Summit member company or have a relative within The Summit Federal Credit Union's field of membership. I also understand that to close my credit union membership, I must pay off any loan or Visa balances held The Summit Federal Credit Union.

_____ _____ _____
Primary Member Signature Identification Date

_____ _____ _____
Joint Member Signature Identification Date
Is member joint on: ❒ savings ❒ checking ❒ both

State of New York)
County of _____) SS:
_____of_____)

On this _____day of _____, in the year two thousand and _____, before me the subscriber appeared _____ to me personally known to be the same person described in and who executed foregoing instrument, and he executed the same.

_____ or _____
Notary Public Witness (Summit Employee)