



Canal Ponds Business Park
100 Marina Drive • Rochester, New York 14626
(585) 453-7000 • (800) 836-7328
summitfcu.org

Closed Account Request Form

Account Number: _____

Primary Member: _____ Social Security #: _____

Joint Member: _____ Social Security #: _____

Close Reason:

By signing below, I request The Summit FCU close the account indicated above. I do this with the understanding that if I'm closing my membership I may not be eligible for membership in the future. I also understand that to close my credit union membership, I must pay off any loan balances at The Summit. In addition, I agree to cancel all recurring transactions and ensure all transactions have cleared my accounts prior to requesting this account closure. In the unlikely event a pending transaction (Debit Card, ACH, etc) clears my account after closure, I accept responsibility for it.

Member Signature

Date

Internal Use Only

Member's ID # _____ Verification performed by: _____ on _____