



## CLOSED ACCOUNT AUTHORIZATION FORM

NAME \_\_\_\_\_

PLEASE PRINT

DATE \_\_\_\_\_

ACCT # \_\_\_\_\_

Last 4 digits of your SSN \_\_\_\_\_

This serves as my authorization to close my membership with Atlantic Federal Credit Union.

**Please document the reason for closure:**

\_\_\_\_\_  
MEMBER SIGNATURE

(\_\_\_\_\_) \_\_\_\_\_

DAYTIME PHONE NO.

**For Office Use Only**

Closed by \_\_\_\_\_

Closed debit card date : \_\_\_\_\_