



Account Closure Form

ACCOUNT CLOSURE ACKNOWLEDGEMENT

Account #: _____

Member Name: _____

Type of Account:

Membership:

☐ Share/Savings

Additional Accounts:

☐ Share Draft/Checking

☐ Visa Credit Card

☐ Loan(s)

I am closing my Amherst FCU account because:

☐ I am moving

☐ Inconvenient hours/location

☐ Unhappy with service

☐ Account no longer needed

☐ Opening account elsewhere

☐ Unhappy with rates/fees

☐ Other: _____

Use the space below for comments regarding your experience with Amherst FCU:

Signature: _____

Date: _____

PLEASE DO NOT WRITE IN THIS SECTION (TO BE COMPLETED BY AFCU PERSONNEL)

Check for/Ask about:

☐ Loans

☐ Credit Card

☐ Checking/Debit (Holds, Outstanding Checks)

☐ Recurring Pmts (Memberships/Subscriptions)

☐ Direct Deposits (Payroll/Social Sec/Pension)

☐ OwnersChoice Mortgage (Check notes)

Teller Signature:

Date: