



Account Closure Authorization

ACCOUNT NUMBER		
PRIMARY OWNER'S NAME (FIRST, MIDDLE OR INITIAL, LAST)	SOCIAL SECURITY NUMBER	DATE OF BIRTH
JOINT OWNER'S NAME (FIRST, MIDDLE OR INITIAL, LAST)	SOCIAL SECURITY NUMBER	DATE OF BIRTH

- ✓ I authorize this account with APCI Federal Credit Union to be closed.
- ✓ I understand that if I have a Mastercard® credit card associated with this account, it must be closed and paid in full and all CURewards® points will be forfeited unless I am transferring the Mastercard to another Credit Union account.
- ✓ I authorize any outstanding loan/Mastercard balances to be paid in full by transferring funds from this account.
- ✓ I authorize a check for the remaining balance to be mailed to the address on the account unless otherwise noted below:

PRINTED NAME	PRIMARY PHONE NUMBER
AUTHORIZED SIGNATURE	DATE

Member satisfaction is very important to us. In order to better serve our members, please select the reason for closing your account.

Reason for account closure:

- | | |
|--|--|
| <input type="radio"/> Terminated employment/retired | <input type="radio"/> Needed funds for special purpose |
| <input type="radio"/> Divorce/separation | <input type="radio"/> Inconvenient doing business out of area |
| <input type="radio"/> Better share/certificate rates elsewhere | <input type="radio"/> Combined with other account/open new account |
| <input type="radio"/> Better loan rates elsewhere | <input type="radio"/> Unsatisfactory service (explain) |
| <input type="radio"/> No longer needed | <input type="radio"/> Other (explain) |

Please explain:

If there are any questions regarding this form, please contact our Member Service team at: 800-821-5104.

- ✓ Completed forms can be mailed to: APCI Federal Credit Union, PO Box 20147, Lehigh Valley, PA 18002-0147 or faxed to: 610-841-2588 or 610-841-2589.

CREDIT UNION USE ONLY	CLOSURE AMOUNT
LOAN DEPARTMENT SIGNATURE	DATE
MEMBER SERVICE SIGNATURE	DATE