

Close Account Form / CD Withdrawal Form

Account #: _____ Member Name (printed): _____ Date: _____

Check each account type that applies:

- _____ Share
- _____ Share Draft
- _____ Club
- _____ MasterCard
- _____ Debit Card

CD Withdrawal / Close:

- CD#: _____
- _____ Full W/D to Close CD
 - _____ Partial W/D Amt. \$ _____

Reason for Closing Account (optional):

- Moving
- Problem with acct:
- Don't use acct.
- Other: _____

Signature: _____

Please return to: Chen-Del-O FCU - P.O. Box 102 Franklin NY 13775 - Fax: 607-829-3561

Office Use ONLY

Received Via: _____ Mail _____ Fax _____ In person _____ Phone _____ Teller Initials _____

Ck #: _____ Amt _____ Cash Amt _____ Transfer Amt _____ to acct _____

Did you give electronic dept. a close form?