



Closing Account Form

44 South Bayles Avenue, Suite 204
Port Washington, NY 10050
Phone: 718-878-4624
Fax: 718-878-4623

Primary Account Holder's Name

Account Number

Identification Document Type

Identification Document Number

Please check the appropriate box below:

- I would like the remaining funds in a check payable to myself.
- I would like the remaining funds in a check payable to myself and mail it to below.

Street Address	Apt. #
City	State
Zip	Country

- I would like the remaining funds in a check payable to the following:

Payable to: _____ (*Please print **clearly and legibly***)

- Other: *Please state below how you would like us to proceed.*

By signing below, I authorize Local 804 Federal Credit Union to change the address on the referenced account, as well as any identically registered accounts and to discontinue my membership account as shown on this Form. I agree to indemnify, defend, and hold Local 804 Federal Credit Union and its employees harmless from and against every claim, demand, action, cost, loss, liability, and expenses including, without limitation, attorney's fees, which you incur by acting in accordance with Local 804 FCU's Account Agreement and Truth-In-Savings Disclosures or as a result of my failure to abide by its terms. Mailed, e-mailed, and faxed forms must be submitted along with a legible copy of an unexpired identification document. Acceptable identification documents are State ID/Driver License, and Passport.

Primary Account Holder's Signature

Date

For Local 804 FCU Office Use Only

Processed By: Name

MSR

Date