



Deliver to: Any branch location
 Mail to: P O Box 80570 Albuquerque NM, 87198-0570 Attn: Ops Support
 Telephone: (505) 254-4369 or (800) 880-5328

Request to Close Account

Member Name (Print) _____

Account Number
(complete one form for each account)

Reason for Closure

- | | | | |
|--------------------------------------------------|----------------------------------------------------|-------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Moving / Relocating | <input type="checkbox"/> Combining Accounts | <input type="checkbox"/> Deceased | <input type="checkbox"/> Fraud / Identity Theft |
| <input type="checkbox"/> Dissatisfied with Rates | <input type="checkbox"/> Inconvenient Location | <input type="checkbox"/> Dealer (FLS) Loan Paid | |
| <input type="checkbox"/> Dissatisfied with Fees | <input type="checkbox"/> Dissatisfied with Service | <input type="checkbox"/> Other _____ | |

Current Address (if not on file): Address information is for final statement and remaining funds. Remaining funds in the account will be mailed in the form of a Cashiers Check payable to the owner(s) of the account.

Street 1: _____

Street 2: _____

City: _____ State/Country: _____ Zip Code+4: _____

Home/Cell Phone w/Area Code: _____ Work Phone w/Area Code: _____

I hereby state that Kirtland Federal Credit Union will assume no liability for any outstanding checks, direct deposit or electronic drafts presented against my account after it has been closed. All checks/draft and direct deposits will be returned to the presenter with a "Closed Account" return description. I understand that I am responsible for the destruction of any plastic cards (ATM/Visa Check/Credit Card) not returned to KFCU, and any plastic card transaction(s) that are presented after the closing of this account and that these transactions may be charged to my account, even if the account must be re-opened. **I will assume full liability for any valid plastic card transaction charged to the account after the closing of the account. I am aware all loans and credit cards must be paid in full before the account can be closed.** I understand the signature below will be verified with my signature on file, as well as the identification I will include, as the last requirement for closing my account.

Member Signature: _____ Date: _____

If closing the account via mail, fax or email, include a copy of ID - account cannot be closed without proper identification.

KFCU Close Account Checklist *(To be completed by Employee closing account)*

Employee / Teller # _____ SEND COMPLETED FORM TO OPS SUPPORT

***IMPORTANT: If there is a balance owed and/or being paid on any loan/credit product or an open SDB, member must keep Main Share open with \$25 par share. Contact Collections for questions on balances owed / release of par share.**

I / Mbr completed the following:

N/A Verified/
Done

	Closed Online Banking
	Closed Online Bill Pay <i>(Mbr must remove before closing acct)</i>
	Removed Cross Account Access
	Closing Reason indicated on form
	Form signed and dated by member
	Verified / Updated address & phone(s)
	Valid ID scanned or on file
	Obtained legal docs, if applicable
	Updated Account Notes, as applicable

I checked the account for the following:

N/A Verified/
Done

	Reviewed all Notes <i>(Acct & Suffix)</i>
	Reviewed all Tracking Records <i>(Acct & Suffix)</i>
	Debit Card closed/destroyed
	Safe Deposit Box closed*
	Credit Card closed, if applicable*
	Credit Card closed but owes balance*
	Outstanding Collections issue*
	Name Collections Employee Spoken To:
	All suffixes closed*