



# New England Federal Credit Union

## CLOSE ACCOUNT(S) FORM

Member Name: \_\_\_\_\_ Member Number: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

Account(s) I wish to close:

\_\_\_ Share Savings                      \_\_\_ Share Draft Checking      \_\_\_ Membership

\_\_\_ Power Account                      \_\_\_ VISA Credit Card

Action to Take:

\_\_\_ Transfer funds to account \_\_\_\_\_

\_\_\_ Mail a check to \_\_\_\_\_

Note: If you have a Loan and/or Visa with us it is a federal requirement that each person doing business with NEFCU be a member. In order to maintain your membership you are required to have a \$5.00 balance in a Share account.

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We are always concerned when a member chooses to end their relationship with the Credit Union. Could you please tell us which of the following factors led to your decision?

Relocating       Changing Financial Institution       Other, please explain below:

\_\_\_\_\_  
\_\_\_\_\_

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**Please fax this signed request to 802-764-6558 or mail to: New England Federal Credit Union, PO Box 527, Williston, VT 05495**

If you have questions, please contact us at 800-400-8790 or 802-879-8790.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_