

Close Account Form / CD Withdrawal Form

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

Check each account type that applies:

____ Share

____ Share Draft

____ Club

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?