



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.

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:

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: _____