

**FIRST SERVICE FEDERAL CREDIT UNION**  
**Please Complete and Return to Your Local Branch or Mail to:**  
**First Service Federal Credit Union, 100 Main Street, Groveport, OH 43125**  
**For Questions, Please Call (614) 836-0100**

**REQUEST TO CLOSE ACCOUNT**

I, \_\_\_\_\_, do hereby request that Account # \_\_\_\_\_ be closed.  
I certify that I have paid in full all obligations owed to First Service Federal Credit Union.

I have been advised that any outstanding checks, direct deposits and preauthorized electronic transactions (payment or credit) received against my account will be returned and I will be responsible for any costs incurred by the credit union for these transactions.

I further acknowledge responsibility for any unposted debit card and ATM transactions or fees associated with these transactions and will pay these in full upon notification.

I certify that I have destroyed the following in my possession and/or agree to close the following:

Closed or Destroyed:	Closed or Stopped:
Checks _____	Stopped direct dep/ACH _____
ATM/Debit card(s) _____	All loans <b>0.00</b> balance _____

If you have a Safe Deposit Box, the box must be emptied in person and the account will be closed at the time that the keys are returned.

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**One Signature is Required To Close A Joint Account**

**Member's Signature (Primary)** \_\_\_\_\_

**Member's Signature (Joint)** \_\_\_\_\_

**PLEASE INDICATE YOUR REASON FOR CLOSING THE ACCOUNT** \_\_\_\_\_

**PLEASE CIRCLE YOUR SERVICE EXPERIENCE:**    Excellent    Good    Fair    Poor

**COMMENTS** \_\_\_\_\_

**NEW ADDRESS** (to forward year end statement)

**PHONE NUMBER** (\_\_\_\_) \_\_\_\_\_    **CELL NUMBER** (\_\_\_\_) \_\_\_\_\_

Office Use Area:

**Total Funds Withdrawn:** \$ \_\_\_\_\_    **Early close fee charged by:** \_\_\_\_\_    **Amount:** \$ \_\_\_\_\_

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Account Closed by: \_\_\_\_\_ Date: \_\_\_\_    BillPay Closed by Heather/Nicole : \_\_\_\_\_ Date: \_\_\_\_\_

Card Services completed by: \_\_\_\_\_ Date: \_\_\_\_\_