



Account Closure Request Form

The Denver Fire Department Federal Credit Union values its members and their business. In order for us to better understand our members and meet their financial needs, please take a moment to explain why you are closing your account.

_____ Close ALL shares (X if closing out the account).

_____ Close Secondary Shares (share number closed).

_____ Close Checking Only (X if closing checking only).

Reason for closing the shares or account:

_____.

Account Number: _____

Primary Member Name: _____

Joint Member(s) Name: _____

By signing this Account Closure Request Form I/We understand any outstanding items including checks, automatic payments, direct deposits and recurring debit card charges will be rejected and/or returned once the account has been closed.

Primary Member Signature

Date

Joint Member Signature

Date

Joint Member Signature

Date

CU Use:

Processed by: _____ Date: _____