



# ACCOUNT CLOSING REQUEST

**San Francisco FCU Member: Please complete this form to close accounts with your existing Financial Institution.**

TO: \_\_\_\_\_  
(Name of Existing Financial Institution)

FROM: \_\_\_\_\_  
(Name of San Francisco FCU Primary Member)

\_\_\_\_\_  
(Name of San Francisco FCU Joint Member, if any)

ADDRESS: \_\_\_\_\_  
(San Francisco FCU Member Address)

CITY, STATE, ZIP: \_\_\_\_\_

**Please close the following account(s) with your institution:**

ACCOUNT# \_\_\_\_\_  Checking  Savings  Money Market

ACCOUNT# \_\_\_\_\_  Checking  Savings  Money Market

ACCOUNT# \_\_\_\_\_  Checking  Savings  Money Market

ACCOUNT# \_\_\_\_\_ Other \_\_\_\_\_

ACCOUNT# \_\_\_\_\_ Other \_\_\_\_\_

**Please send the remaining balance in these accounts to:**

San Francisco Federal Credit Union  
770 Golden Gate Avenue  
San Francisco, CA 94102

\_\_\_\_\_  
San Francisco FCU Primary Member Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
San Francisco FCU Joint Member Signature

\_\_\_\_\_  
Date

**This form is not for closing accounts at San Francisco Federal Credit Union.**