



AUTHORIZATION TO CLOSE ACCOUNT

After your account with State College Federal Credit Union is closed, any checks trying to clear your account will be returned as unpaid & direct deposits will be returned to their source. Any payroll deductions must be stopped before account is closed. Complete this form and E-Mail, Fax back to 814-234-1665 or mail to:

724 B South Atherton St, State College, PA 16801

Member Number

Name

Address

City

State

Zip

() _____
Home Telephone Number

() _____
Work Telephone Number

NEW ADDRESS: If you have moved and are requesting to close your account, PLEASE make sure you change your address with us before submitting this form

DISBURSE REMAINING ACCOUNT FUNDS (check one):

- By check (To address listed above)
- Or deposit to SCFCU Account # _____
 - SH _____
 - DF _____
 - LN _____
 - CL _____

Signature-Owner of account (first person listed on account) must sign and date this form to close account.

By Signing below, I understand that I am authorizing SCFCU to close my account. I further understand that withdrawal from SCFCU does not release me from any remaining liability I may owe the Credit Union.

Owner Signature

Date