



Account Closure

2445 Mariondale Ave, Los Angeles CA 90032

Phone: 323-505-2600 Fax: 323-505-2613

Please Close My: Checking Savings Other: _____

Membership (Primary Savings and all accounts under your member number)

If you are closing your membership (all accounts under your member number): Account _____.

Do you have a mortgage serviced by Midwest loan servicing? If Yes, loan must be closed No

Do you have a student Loan or other loan with Cal State L.A. FCU? If Yes, loan must be closed No

Contact Information:

Name: _____

Phone Number: _____

Home Address: (Required) _____

City, State, Zip: _____

I, the primary account holder of the account listed above, authorize Cal State L.A. Federal Credit Union to close my account(s) described above.

I have made sure that all checks and debit card purchases that have been recently made on the account have already cleared. I have stopped all automatic drafts coming out and/or going into the account.

Please send a check for the remaining balance of my account, payable to me, the primary member listed on the account. Unless this form is completed in person, the check will be mailed to the current address listed on the account.

Primary Member Signature: _____ Date: _____

The primary member must sign to close a membership (all accounts). Please note that all loans must be closed in order to close a membership.

Reason for closing Account: _____

If you are closing your membership (all loans should be paid off):
Please provide a statement requesting to close HELOC/VISA/LOC below:

Credit Union Use Only:

Debit Card Deactivation

Yes N/A

Credit Card Deactivation

Yes N/A

Bill Payer

Deactivated N/A

IRA/Ascensus Form

Closed N/A

ACH/Direct Deposit

Stopped N/A

Loans/Credit Card

Closed N/A

Address Match: _____ I.D Match: _____ MSR Initials: _____ Scan Date: _____