

NORTHEASTERN OPERATING ENGINEERS

FEDERAL CREDIT UNION

Request to Close Account

Please print legibly. For assistance with this form, please call us at (718) 847-0202.

Please complete entire form to avoid processing delays and then mail or fax to us.		
Mail: Northeastern Operating Engineers Federal Credit Union Attention: Member Services 16-16 Whitestone Expressway Whitestone, N.Y. 11357	Fax: (718) 847-2525 Attention: Member Services	
Member Information		
Date:	Daytime Telephone:	
Name: (Last, First, Middle)	Home Telephone:	
Street / Apt.:	Social Security # / Taxpayer ID #:	
City / State / Zip:		
Employer	Location	Work Phone Number
Account Information		
Account #:	Type of Account: <input type="checkbox"/> Share Account (must be open if any other share or loan accounts connected to same account #) <input type="checkbox"/> Share Draft Account (Checking) <input type="checkbox"/> Money Market Account <input type="checkbox"/> Holiday Club Account (early withdrawal fee may apply) <input type="checkbox"/> Vacation Club Account (early withdrawal fee may apply) <input type="checkbox"/> Other _____	
Authorization		
I (We) would like to close the above-referenced account(s). I (We) understand that for security reasons the Credit Union can only disburse the funds to me (us) or another authorized signer on the account and that a check will be mailed to the most current home address on file. The Credit Union is not responsible for my negligence or failure in providing the Credit Union with my most recent, correct address. Prior to requesting that this account be closed, I (we) have confirmed that no transactions are pending. Additionally, I (we) have confirmed with my (our) employer(s) and/or any Government Agencies that no more money will be sent to be credited to my (our) account(s). I (We) understand that it is my (our) responsibility to notify anyone who receives preauthorized payments from this (these) account(s) that the account(s) is (are) closed. The Credit Union reserves the right to wait 7 days before sending my (our) funds to ensure that there are no outstanding transactions. The Credit Union also reserves the right to require me (us) to surrender or destroy my (our) ATM or debit card(s) and/or any unused checks or drafts prior to closing this (these) account(s) and disbursing the remaining funds. I (We) understand that the Credit Union is not responsible for paying any draft, check or other authorized payment or withdrawal after this account is closed. I (We) agree that if the Credit Union does make such a payment authorized by me (us), that I (we) will be responsible to pay the Credit Union in the amount of the authorized payment(s). I (We) agree to pay the Credit Union any fee, and to reimburse the Credit Union for any costs, for any transactions related to this account (these accounts), even if they occur after the account(s) is (are) closed.		
Signature(s)	Date:	

For Credit Union Use Only: Employee's Initials: _____ Date: _____
