



67 Walnut Avenue, Suite 401  
 Clark, NJ 07066  
 Phone 888-322-3732  
 Fax 732-388-1156  
 www.aspirefcu.org

## Account Closure Form

Place Photo ID Here: \_\_\_\_\_

### Contact Information:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Daytime Phone #: \_\_\_\_\_  
 Member Number (include suffix): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

### Check All That Apply:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Flex Line of Credit                         | <input type="checkbox"/> Bill Payer                  | <input type="checkbox"/> Direct Deposit             |
| <input type="checkbox"/> Debit Card                                  | <input type="checkbox"/> eStatements                 | <input type="checkbox"/> Home Equity Line of Credit |
| <input type="checkbox"/> Automatic Debits from Account or Debit Card | <input type="checkbox"/> Home Banking (My CU Online) |   |
| <input type="checkbox"/> Credit Card                                 |  |   |

Are there any outstanding checks:  Yes  No

I authorize Aspire Federal Credit Union to close my account and any line of credit loan attached to my membership. I understand that any transactions trying to post to my account will be returned "Account Closed" or "Return to Maker." I will notify the Credit Union if my address changes so that my closing account statement and end of year tax forms can be sent to me, regardless if I previously received eStatements.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### For Credit Union Use Only

Processed on: \_\_\_\_\_ ID Verified: \_\_\_\_\_  
 Processed by: \_\_\_\_\_ Type of ID: \_\_\_\_\_