



REQUEST TO CLOSE ACCOUNT

Please close the following account with First City Credit Union:

Name

Account Number

Address

Account Type

Address

Please issue a cashier's check for the balance in my account payable to me.

Please transfer remaining balance to First City Account Number: _____

Other _____

Member Signature (must be an authorized signer to
Close account) **Signature cannot be computer generated**

Date

Note: Please forward a copy of your most recent Driver's License or State Issued Identification with this signed form to:

Email: memberservices@firstcitycu.org
Fax: 323-481-4623
Mail: P.O. Box 93727, Pasadena, CA 91109