

Close Account Request Form

Member Name

Joint Member Name (if applicable)

Phone Number

Email address

Account Number

Accounts to be effected by this change (check all that apply):

- All Accounts
- Checking
- Club Account ___ Vacation ___ Tax ___ Holiday
- Certificate
- Money Market
- Credit Card

Reason for closing the account:

Address to mail check (if applicable)

City

State

Zip Code

Member Signature

Date

Joint Member Signature

Date



Please send this form along with **a copy of your Driver's License** to the WGLFCU Member Services Department. You may email this form to information@wglfcu.org, Mail to P.O. Box 1607, Springfield, VA 22151, or bring into the Springfield Branch.