

REQUEST TO CLOSE ACCOUNT

Account Number			Date	
Account Owner	er	Last 4 of SSN	Date of Birth	
Home Address	Home Address		Zip	
		Home Phone	Work Phone	
PLEASE BE AWA	ARE OF THE FOLLOWIN	NG:		
 All credit ca 	lines of credit must be satisfied and closed trequired to close your accounts	if closing entire account		
	Share Certificate	Shara Draft (Chacking)	Ducinosa Chaeking	
∐ Share	_	Share Draft (Checking)	Business Checking	
Christmas Clu	ub Vacation Club	Money Market	∐ IRA	
ATM/Debit Ca	ard Credit Card	Bill Pay	Line of Credit	
Mortgage				
REASONS FOR C	CLOSING ACCOUNT:			
Consolidation FECA accour	of Consolidation of accounts elsewhere	Denied loan	Fees charged	
Inconvenient locations	Moving out of state	Need par funds on hold	No longer a FedEx employee	
Paid off loan	Poor service	Deposit rates	Loan rates	
Other (please describe):				
Signature			Date	

Complete all fields and return to closeaccount@fecca.com.