



# Account Closure Form

I \_\_\_\_\_ as the (please check the appropriate box below):

- Joint Owner
- Beneficiary
- Administrator
- Executor
- Trustee
- Other (please specify) \_\_\_\_\_

for \_\_\_\_\_, direct Northrop Grumman Federal Credit Union to close the following share(s) under member number(s): \_\_\_\_\_.

You are hereby directed to withdraw available funds in the following manner (please select below).

- |  |  |
|--|--|
| Close the following Account(s)<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ | Transfer to the following Account(s)<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____<br><input type="checkbox"/> _____ |
|--|--|

Provide me with a check to EITHER be  mailed to me OR  picked up at the following branch. \_\_\_\_\_  
[this option must be selected for Joints, Administrators, Executors, Trustees, Beneficiaries, and Non-Member(s)]

Please provide the following information:

The Name(s) that should appear on the check: \_\_\_\_\_

Your Phone Number: \_\_\_\_\_

Mailing Address for the check: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

By signing this Letter of Closure, I attest that I am authorized to make the changes requested above and have full legal authority to do so. I further acknowledge that, if any account listed above for closure is a checking/share draft account, any overdraft protection currently on the account will terminate as of the date the account is closed. As a result, any items presented for payment may

be returned and I may incur a cost. By accepting the payments as above I understand and agree to these terms and discharge Northrop Grumman Federal Credit Union from future liability associated with this/these account(s)

**X** \_\_\_\_\_  
SIGNATURE (REQUIRED) \_\_\_\_\_  
DATE

**FOR INTERNAL USE ONLY**

OFAC Verification Completed  Yes  No

Completed By: \_\_\_\_\_