



SHARE ACCOUNT CLOSURE REQUEST

Type or Print directly on this form

Member Name:	Account No.:
Best Contact Number:	E-Mail:

I hereby authorize Self-Help Federal Credit Union to close the following account(s). I have verified that all my outstanding checks have cleared and that all my direct deposit(s), automatic payment(s) or withdraw(s) have been stopped.

Please close:

- Close all Shares
- Close Checking No.: _____
- Close Regular Savings No.: _____
- Close Money Market No.: _____
- Close Certificate of Deposit No.: _____
- Close Club Account No.: _____
- Close IRA (IRA withdraw instruction form required)
- Other Share: _____

Please disburse my funds in the following manner:

- Transfer to Savings
- Wire Funds (wire form must be completed, *Fee Applies)
- Transfer to Checking
- Cash Withdraw (in Branch Only)
- Mail check to address on file

Reason for closing account(s): _____

I certify that the above information is true and correct. I understand that my account will be closed within 2-5 business days from receipt of this request. I also understand that the funds will be disbursed as requested above if this request is mailed to Self-Help Federal Credit Union Attn: Member Services 2504 Tenaya Drive Modesto, CA 95354 or faxed to (209) 521.0407.

 Member Signature

 Date

For Credit Union Use			
Received by:	Teller No.:	Branch:	Date:
Processed By:	Teller No.:	Branch:	Date: