



Date: _____

Member Services Representative
Campbell Employees Federal Credit Union
P.O. Box 2737
Camden, NJ 08101

I wish to close the following account(s):

- _____ Main account (Suffix #0) (to terminate membership)
- _____ I.R.A. account (Suffix #2) (requires IRA withdrawal form)
- _____ Vacation savings (Suffix #4)
- _____ Holiday savings (Suffix #5)
- _____ All Purpose savings (Suffix #6)
- _____ All Purpose savings (Suffix #7)
- _____ Checking account (Suffix #9) (Last check # written: _____)
(If you are subscribed to Bill Payer, your Bill Payer enrollment will be cancelled and any pending payments that are scheduled will be cancelled upon receipt of this letter.)

I understand in closing my main account, that all payroll deductions must be stopped for one month. I also understand that I cannot close my main account if I have a loan balance, MasterCard balance or an ATM card.

I have enclosed a payroll deduction card showing the above changes.

Member Name (Please Print)

Account Number

Member Signature

Reason for Closing:

Social Security Number