



# Close Account Request

P.O. Box 958471 • Lake Mary, FL 32795-8471  
(407) 896-9411 • (800) 771-9411

Account Owner Requesting Account Closure:  Primary Owner  Joint 1  Joint 2  Joint 3

Please be aware that you do not have to close your account because you have changed employment, affiliation or residence. Also, once your account is closed, you may no longer be eligible to rejoin if you are no longer within our field of membership.

\_\_\_\_\_  
Name Account Number Social Security Number

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Home Phone Number Work Phone Cell Phone

\_\_\_\_\_  
Signature of Account Owner Requesting Account Closure Identification Number ID Type

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**FOR OFFICE USE ONLY:**

Date: \_\_\_\_\_ User Name: \_\_\_\_\_ Branch #: \_\_\_\_\_