



PO Box 2510
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ACCOUNT CLOSURE FORM

Thank you for allowing us to serve you. We constantly strive to improve our service and ask that you please take a moment to help us by completing this form and telling us why you are closing your account.

MEMBER INFORMATION (Please type or print clearly)

Name: _____ Account Number(s): _____

REASON FOR CLOSURE

- Consolidating Sno Falls Accounts
- Member Deceased
- Moving (Please add your new address to the notes section below)
- No Longer Use Account
- Transferring to Another Financial Institution (Please add a comment below)
- Other (Please add a comment below)

Have you been happy with our service?

Yes **No (please add comment below)**

NEW ADDRESS AND COMMENTS

I understand that by closing my account(s) with Sno Falls Credit Union I will no longer be considered a member and therefore lose access to the benefits and services of membership. I also understand that: It is my responsibility to update direct deposits or other electronic or automated transactions that use this account; Debit card(s) associated with this account will be deactivated; Outstanding checks may be returned; and Online Banking and Bill Pay will no longer be available for this account.

Signature: _____ Date: _____

For Internal Use Only		
Closed By:	Teller Number:	Date:

Please return the completed form to info@snofalls.com or visit one of our branch locations.