



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) <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ | Transfer to the following Account(s) <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ |
|---|---|

Provide me with a check.
[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)

Signature (required) _____ Date _____
X _____

FOR INTERNAL USE ONLY
OFAC Verification Completed <input type="checkbox"/> Yes <input type="checkbox"/> No
Completed By: _____