NORTHROP GRUMMAN
FEDERAL CREDIT UNION

Membership Closure Request

I _____ Primary member, direct Northrop Grumman Federal Credit Union to close all share(s) under member number(s): _____.

Please close my entire membership. ☐

Reason for closure:

_____

_____

Provide me with a check to EITHER be ☐ mailed to me OR ☐ picked up at the following branch. _____

Please provide the following information:

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, all account(s) asociated with the membership, including Credit Cards and/or Lines of Credit, will terminate as of the date the membership 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).

X _____ _____
SIGNATURE (REQUIRED) DATE

OFFICE USE ONLY

Member # _____ Date Received ____/____/____

CU Rep _____ Branch Name _____