



Request to Close Membership/Account

Primary Member Name	Account Number
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Before we close your membership/account, please review the benefits of membership:

Nationwide Shared Branch Services to conduct business near you.
 Offer of .25 discount on future loan: Yes _____ NO _____
 Offer of .25 share certificate bump up rate: Yes _____ NO _____
 Rewards checking: Xcelerate Cash Back _____ Xcelerate High Yield _____

I hereby request to close my membership/account with Transportation Federal Credit Union, effective Date: _____

Reason for Account Closure: _____

Driver's License/State ID Number _____

Moving? Update your mailing address: _____

Notes

Member Signature _____ Date _____

Staff Name _____ Date _____

Please fax this form to 202-385-6097, Attn: Member Contact Center or mail to
 Transportation Federal Credit Union
 Member Contact Center
 1600 Cameron Street
 Alexandria, VA 22314