



## Membership Closure Request

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

**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:

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, all account(s) listed above for closure is a checking/share draft account, any overdraft protection, including Credit Cards and/or Lines of Credit, 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).

X \_\_\_\_\_  
SIGNATURE (REQUIRED) DATE

**OFFICE USE ONLY**

Member # \_\_\_\_\_ Date Received \_\_\_\_/\_\_\_\_/\_\_\_\_

CU Rep \_\_\_\_\_ Branch Name \_\_\_\_\_

