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Lynne Fritz, Manager Traci Smith, Assistant Manager

**CLOSE ACCOUNT REQUEST FORM**

*\*Please complete and return along with copy of your driver's license*

DATE: \_\_\_\_\_ ACCT#: \_\_\_\_\_

NAME: \_\_\_\_\_ LAST 4 OF SSN: \_\_\_\_\_

ADDRESS:

\_\_\_\_\_  
Street Apt

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Home Phone Cell Phone

I wish to close my account at Southern Middlesex County Teachers FCU.

SIGNATURE: \_\_\_\_\_

.....  
***\*Office Use\****

FEDCOMP – CLOSED DATE ENTERED: \_\_\_\_\_ FEDCOMP – CARD CLOSED: \_\_\_\_\_

BLOSSOM: \_\_\_\_\_ BILLPAY: \_\_\_\_\_

MSR: \_\_\_\_\_ DATE: \_\_\_\_\_