



Checking Account Closure Agreement

Date: _____

I, _____, request that my checking account # _____ be closed. I hereby agree to hold harmless Orlando Federal Credit Union for non-payment of any checks / items after the date of this agreement. Any checks / items presented after account closure will be returned as "Account Closed," and I will be responsible for any unpaid or outstanding checks and fees attached thereto.

I surrender the following Debit Card number(s):

Accountholder Signature

Witnessed by:

Team Member Name

Team Member Signature

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