



# Request to Close JHFCU Account

*\*All requests to close an account must include a current copy of your government issued ID.*

If your address needs to be updated, you may log into Online Banking and make the necessary updates, or **mail** a completed "Change of Address" form along with this request. The "Change of Address" form is located on the bottom of our webpage under the white link titled "Forms."

Additional verification may be required.

**MAIL TO:** JOHNS HOPKINS FEDERAL CREDIT UNION, 4 E. 33RD ST., BALTIMORE, MD 21218  
**FAX TO:** 410-889-7303

ACCOUNT NUMBER:

MEMBER'S NAME:

STREET: APT./SUITE #:

CITY: STATE: ZIP CODE:

PHONE NUMBER: EMAIL ADDRESS:

By signing below, I acknowledge that I am requesting to close the account listed above with Johns Hopkins Federal Credit Union. I understand it is my responsibility to terminate any direct deposit or payroll deduction set up to be deposited, as well as any automatic withdrawals or payments to or from the above account. If I do not cancel these deposits or withdrawals, I understand Johns Hopkins Federal Credit Union will reject these transactions. I understand any outstanding checks will be returned unpaid. Johns Hopkins Federal Credit Union will not be responsible for any fees assessed by payees due to outstanding checks or failure to terminate automatic payments and/or withdrawals.

I understand if I have any outstanding loans on the above account, they must be paid in full before the request can be completed. In addition, I understand any loan, line of credit, or credit card on the above account will be closed upon completion of the above request.

For information on early-closure penalties related to various JHFCU subaccounts, refer to JHFCU's [Membership Agreements and Disclosures](#).

Upon completion of this request, I understand my funds will be mailed in the form of an official check to the address on file or transferred to the following JHFCU account number \_\_\_\_\_.

The reason I am closing my account is: \_\_\_\_\_.

MEMBER SIGNATURE: DATE:

**CREDIT UNION USE ONLY**

DATE RECEIVED: EMPLOYEE NAME: TELLER ID:

BILL PAY CLOSED:  ATM/VISA DEBIT CARD CLOSED:  ESTATEMENTS: REMOVE FLAG C62:  SIGNATURE VERIFIED:   
 OLB REMOVED IN ADMIN:  CREDIT CARD CLOSED:  LINE OF CREDIT CLOSED:  DATE ACCOUNT CLOSED:  
 VERIFIED PD/DD STOPPED:  (Note below if member wants to close without stopping)  
 1MCL MACRO: POST DIVIDENDS  CLOSE SUFFIXES

NOTES: