

	Date:
Member Services Representative Campbell Federal Credit Union 494 Route 38 East Maple Shade, NJ 08052	
I wish to close the following account(s):
Main account (Suffix #0	1) (to terminate membership)
I.R.A. account (Suffix #	20 or #30) (requires IRA withdrawal form)
Vacation savings (Suffix	#40)
Holiday savings (Suffix :	#50)
Special Savings (Suffix a	#)
(If you are subscribe	x #75 or 77) (Last check # written:) d to BillPayer, your BillPayer enrollment will pending payments that are scheduled will ceipt of this letter.)
have a loan balance, MasterCard balance	nd that I cannot close my main account if I e or an ATM card.
I have included a Payroll Deduction Authorizat	lon Form showing the above changes.
Member Name (Please Print)	Account Number
Member Signature	Reason for Closing:
Social Security Number	