



Kamehameha Federal Credit Union

CLOSE ACCOUNT AUTHORIZATION & AGREEMENT

Member Name: _____ **Member #:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____

E-Mail: _____

Close:

Entire Account
Share Draft

Secondary Share
Christmas Share

IRA – Traditional
IRA – Roth

Line of Credit
Other

Reason for Closure: _____

I verify that I have cancelled any pre-authorized deposits and/or payments to/from the account(s) listed above. I understand and agree that any pre-authorized payments which come through after the account is closed will be returned unpaid to the originator/payee. If payment of such pre-authorized payments or outstanding drafts causes my account(s) to be overdrawn, I agree to promptly reimburse Kamehameha Federal Credit Union for the full amount of the overdraft. I agree to hold Kamehameha Federal Credit Union harmless against all claims, damages, losses, and liabilities that may arise from the closing of my account. I also understand by closing my entire account, my AD&D Insurance policy will be cancelled. I authorize Kamehameha Federal Credit union to close my account(s) listed above.

I authorize closure to my line of credit for the account(s) listed above. I understand that once the Line of Credit is closed I may not draw further credit upon the line and must destroy any checks paired with the open end Line of Credit.

Signature: _____ **Date:** _____

For Credit Union Use Only:

Account Closed By: _____ Teller #: _____ Date: _____

Member Contact Information Updated

Verify if closing an Entire Account or Share Draft

- ___ All loans have been paid-in full and closed
- ___ Cancel debit card. Verify for NO pending transactions
- ___ All IRA products closed and/or transferred to another institution