



REACTIVATION / CLOSURE OF ACCOUNT (Member)

Acct#

.....
(Last Name) **(First Name)** **(Middle Initial)**

Date of Birth

Home Address

Phone # (Mobile)..... (Home)..... (Work)

Place of Work: Occupation

Email

SECOND NAMED APPLICANT

.....
(Last Name) **(First Name)** **(Middle Initial)**

Date of Birth

Home Address

Phone # (Mobile)..... (Home)..... (Work)

Place of Work: Occupation

Email

I /We wish to **reactivate** **close** my/our account with Community First Co-operative Credit Union effective

.....
(Signature of Member) (Signature of Member)

.....
(Supervisor)

| |
|-----------------|
| Teller Stamp |
|-----------------|