



REACTIVATION / CLOSURE OF ACCOUNT ORGANISATION

Acct#

Name of Organisation

Address

.....

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

Type of Business

Email

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

Date:

.....
(Signature)

.....
(Signature)

.....
(Supervisor)

Teller Stamp
