

Credit Card Closure Request

I, _____, would like to close my Visa Credit Card Account. My card number is _____.

I understand that I am liable for any remaining balances on the account until it is paid off.

Signature

Date:

NOTE: PLEASE RETURN THE CARD TO THE CREDIT UNION IF YOU HAVE NOT DONE SO ALREADY.

FOR CREDIT UNION USE ONLY

CU representative name: _____ Date: _____

Mail the Completed form to:

Fairfax County Federal Credit Union
Attn: Card Services
4201 Members Way
Fairfax, VA 22030

Or Fax to: 703-591-0252