



Authorization to Close Account

Hawaiian Electric Employees FCU

770 Kapiolani Blvd., Suite 514

Honolulu, HI 96813

Ph: 808-543-7581 Fax: 808-543-7229

I (we) hereby authorize the HECOFCU to close the following account(s):

Share (Savings): Acct # _____

Share Draft (Checking)

Roth IRA

CD (Share Certificate): Cert # _____

Christmas

Custodial: Acct # _____

VISA Credit Card: Acct #: _____

Member Name: _____

Joint Member Name: _____

Reason for closing: _____

- Disbursement of funds:
- Transfer funds to Account No: _____ Savings or Checking (circle one)
 - Pick up check at the Credit Union office
 - Mail check to address on file (check must be made payable to account holder only)

Other special instructions (please notate here): _____

Member Signature: _____

Date

Joint Member Signature: _____

Date