

Authorization for Credit Card Closure

I, _____ authorize Houston Texas Fire Fighters Federal Credit Union to close my credit card account. I also understand that I am liable for any balances remaining on the account as stated in the account agreement and disclosure (see “Promise to Pay”).

Account #1: _____

Account #2: _____

Account #3: _____

Account #4 : _____

Reason For Closure: _____

Member Signature: _____

Member Account: _____

Date: _____

