



Authorization to Close Membership

Member Name: _____ Member Number (last 3 digits): _____

Address: _____

City: _____ State: _____ Zip: _____

Disburse Remaining Account Funds (check one):

- By check (to address on file)
- Deposit to AgFed Account # (last 3 digits) _____
- By cash (in-person only, amount limitations apply)

Reason for Closure:

- Relocating
- Changing Financial Institution
- Other, please explain below

On a scale of 1 to 10, with 10 being the most likely, how likely is it that you would recommend AgFed to your friends, family or colleagues?

- 1 2 3 4 5 6 7 8 9 10
- Least Likely Most Likely

Member Signature: _____ Date: _____