

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 #: _____

Account #: _____

Account #: _____

Account #: _____

Member Signature: _____

Member Account #: _____

Date: _____

