



Cancellation Form

Primary Name: _____ Account # _____ Date: _____
 First Middle Last

Joint Owner: _____ Account # _____ Account # _____
 First Middle Last

Address _____ State _____ Zip Code _____
 City

Home Phone () _____ Work Phone () _____ Birth Date ____/____/____

Employer _____ E-mail Address (required) _____

Authorization

By signing this cancellation form, I am requesting that my service for Powerline (Edco's On Line Financial Service) be cancelled. Any account owner may cancel the online service. Any cancellation will not affect any of your existing liability the Edco Federal Credit Union.

Applicant Signature _____ Social Security No. _____ Date of Birth _____

Joint Owner (if any, must be joint owner of the account) _____ Social Security No. _____ Date of Birth _____

Mail or fax to:

Edco Federal Credit Union
1165 North Ridge Road E.
Lorain, Ohio 44055
Phone Number 440-233-4878
Fax Number 866-936-6950