



P.O. Box 1300
Fairfax, VA 22038
703-218-9900
NextMarkCU.org

Credit Card Closure Request

I, _____, would like to close my Visa Credit Card Account.

My card number is _____. I understand that I am liable for any remaining balances on the account.

Signature: _____ **Date:** _____

IMPORTANT: In order to protect yourself from fraud, it is advised that you dispose of your credit card in a secure manner.

Mail the completed form to:

NextMark Credit Union

Attn: Card Services
4201 Members Way
Fairfax, VA 22030

Or fax to: 703-591-4168

FOR CREDIT UNION USE ONLY

NextMark Representative: _____ *Date:* _____