



## Request to Close Credit Union Account

Account Number: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_ Maiden Name (if applicable): \_\_\_\_\_

I would like to close the following accounts. I understand that my Share Savings account must remain open for me to benefit from any other Credit Union Services.

- SHARE/SAVINGS
- SHARE DRAFT/CHECKING
- LINE OF CREDIT
- uCHOOSE
- OTHER \_\_\_\_\_
- POT-OF-GOLD
- IRA (Complete withdrawal statement)
- MONEY MAKER
- CERTIFICATE of DEPOSIT

Visa Debit items outstanding  YES  NO

If yes, please list amounts \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

### ATM/Visa Debit cards have been destroyed or turned in to the Credit Union.

- Destroyed by me.
- Turned in to the Credit Union.

The last check number that was written on my account was # \_\_\_\_\_ Amount \$ \_\_\_\_\_

### Please disburse my funds in the following manner:

- Savings
- Checking
- Pay off Line of Credit
- Cash Withdrawal
- Mail check to address on file
- Wire funds (Complete wire form)

I certify that the above information is correct. I understand that my checking account will be closed in the required (2) business days and the funds disbursed as requested above.

Member's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Applicable)

<b>CREDIT UNION USE ONLY</b> <b>Request processed by:</b> _____ <b>Branch:</b> _____ <b>Date:</b> _____
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by NCUA



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