

Member Request to Close Account

Member Name		Account #
Section I.		
Please close my:	<u>_</u>	<u>_</u>
Share Account S Shar	e Draft S Money Marke	et S CD S ALL
Reason for closing:		(an)
Moving/relocating [01]	Fees too high [05]	Consolidating accounts [09] (still a member)
No longer needed [02] (membership terminated)	Dividend rates too low [
Inconvenient hours/locations [03]	Unhappy with service [07]	Dormant/inactive account [11]
Fraud on account [04]	Denied for a loan [08]	Charge off loans/shares [12]
Section II. Cancel additional services: Safe Deposit Box	☐ Debit Card(s)	eServices (online banking, mobile banking, bill pay)
Section III. I understand that any items that are presented for payment after the account is closed, will be returned unpaid and marked "ACCOUNT CLOSED." I also understand that any debit card purchases attempting to settle after the account is closed will be turned over to the collection department for recovery. If not settled in a timely manner may result in a negative action on my credit report.		
Member Signature (must be primary member	er or beneficiary)	Date
FOR CREDIT UNION USE ONLY		
Teller:	Date:	