



Close Membership Account Request

Account No. _____ Date _____

Name _____ Phone _____

Reason for closing account _____

By signing this form you acknowledge that you have requested that your account at the credit union be closed and all services are terminated. You also know and understand that any future transactions (debits or credits) will be returned as Account Closed.

Member Signature _____

FOR CREDIT UNION USE ONLY

Checking account ATM/Debit Cards Loans Visa LOC Bill Pay Change Form

MSR _____ ID Verified or Signature Ver Scan & MVI w/i 90 days SW SC GL \$5 90 day Close Acct Fee GL131000.