



## Account/Service Closure Request Form

Member Name: \_\_\_\_\_

Account Number: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Please check the account(s) and/or service(s) you would like closed:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Share Savings         | <input type="checkbox"/> Holiday Club         | <input type="checkbox"/> Line of Credit           |
| <input type="checkbox"/> Checking              | <input type="checkbox"/> SuperSaver           | <input type="checkbox"/> Visa Classic             |
| <input type="checkbox"/> ATM                   | <input type="checkbox"/> Money Fund           | <input type="checkbox"/> Visa Gold ___ MasterCard |
| <input type="checkbox"/> Check Card            | <input type="checkbox"/> Safari Club          |   |
| <input type="checkbox"/> Over Draft Protection | <input type="checkbox"/> Certificate #: _____ |   |

Reason: \_\_\_\_\_

\_\_\_ **By initialing here**, I'm stating that I would like to apply for Associate Member status. In so doing, I will retain my rights to rejoin the credit union at a later date. By declining those rights, I realize that I may not be eligible to join the credit union in the future, unless I otherwise qualify for membership.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*FOR CREDIT UNION USE ONLY\*\*\*\*\*

Action Taken: \_\_\_\_\_

Action Taken By: \_\_\_\_\_ Date: \_\_\_\_\_

Visa #: \_\_\_\_\_ Visa Gold #: \_\_\_\_\_ MC#: \_\_\_\_\_ ATM / VCC #: \_\_\_\_\_

Back Office Changes Made By: \_\_\_\_\_ Date: \_\_\_\_\_