



Account Close Request

Member Name: Primary: _____ Joint: _____	Date: _____ <hr/> Member No. _____
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Phone No. _____

I would like to close:

My entire membership.

Only the listed accounts:

<u>Account No.</u>	<u>Suffix</u>

Disburse Account Funds to Me:

Transfer to Account: _____

Teller Transaction: Cash Check
 Location: _____

Mail to My Address of Record

Mail to New Address: _____

SIGNATURE: _____

For Mail-In Requests Only: (please sign in the presence of Notary)

State: _____

County: _____

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

Notary Signature: _____

Notary Registration No. _____

My Commission Expires: _____

Credit Union Use Only:	Received by: _____	Date Processed: _____
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