

REQUEST TO CLOSE ACCOUNT FORM



Dear valued Member:

Thank you for your Credit Union of Southern California (CU SoCal) Membership. Although you've elected to close your account, we hope you've enjoyed CU SoCal's many benefits.

Primary Member Name: _____ **Member Number:** _____

Please attach a copy of your ID with this request: **State ID** **State Driver's License** **Passport**

Tell us what you would like to close (select one):

I would like to close my entire Membership

NOTE: Only the Primary account holder is able to close entire Membership.

I would like to close a specific share(s), loan(s) or credit card (select all that apply) :

Savings ID# _____ Checking ID# _____ Loan ID# _____ Other Share ID# _____

Visa Credit Card #: _____

How would you like the remaining funds (select one):

In a check payable to the member and mail it to the address below:

Address: _____ City: _____ State: _____ Zip: _____

To be transferred to an account at CU SoCal:

Member Name: _____ Member Number: _____ Share ID: _____

My reason(s) for closing my account(s)—(Please check all that apply):

Convenience—Hours, job change, moved

Deceased

Denied loan

Dormant—Inactive, no longer need account(s), combined account(s) Paid off loan

Pricing—better rate or fees

Service

Other : _____

Member Signature

Date

FOR CREDIT UNION USE ONLY

Date Completed: _____ Completed by: _____ Verification: _____

MCC VERIFY completed