

Account Close Request

Share Draft (Checking)

Membership (All Accounts)

Name:

Account Number:

Reason(s) for closing:

Date:

Account Owner's Signature:

I currently have the following attached to this account:

ATM Card	Payroll Deduction	UISA ® Credit Card	
Spouse Card	Date/CU Initials Online Bill Pay	Date/CU Initials	Date/CU Initials