

Request to Close Account

Name: _____

Address: _____

Member Number: _____

Date: _____

Reason for Closing Account

- Deceased
- Dormant
- Leaving University
- Moving out of the area
- Member Request

Individual Account

Joint Account

Please take a moment and tell us how we might improve:

****Please be aware that your payroll deduction or direct deposit must be stopped before your account can be closed.****

Signature

Date