

# Close Account Request

**Please note:** For security purposes, if your account balance is over \$500, your account must be closed in person.

Thank you for submitting your request, we'll be in touch within one business day.

All fields are required. Additional information may be required to process your application.

## TELL US ABOUT YOURSELF

Primary Member Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## WHAT ACCOUNT(S) WOULD YOU LIKE TO CLOSE?

I would like to close to account(s) (last 4 digits):

\_\_\_\_\_

X

Primary Member Signature

Date Signed