

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.

We'd appreciate it if you could please complete the brief survey below:

	Excellent	Good	Average	Fair	Poor
Convenience of Hours	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Convenience of Locations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friendliness/Professionalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Accuracy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knowledgeable Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Member #: _____

Please close the following share/loan ID number(s):

Savings Account # _____ Checking Account # _____

Loan Account # _____ Other Account # _____

Visa® Account # _____

Please check box if you would like to close your entire Membership.

NOTE: In order to keep your Membership open, you are required to maintain a \$10 par balance in your share savings account.

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

Additional Comments:

Member Name (please print)

Date

X

Signature