REQUEST TO CLOSE ACCOUNT FORM

Credit Union *of* Southern California
BUILDING BETTER LIVES

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: _____ **Account Number:**_____

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

Please enter the account information:

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.

How would you like the remaining funds:

◯ **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: _____ Account 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