



# REQUEST TO CLOSE ACCOUNT

CU employee: \_\_\_\_\_ Date: \_\_\_\_\_ Account Number \_\_\_\_\_ Closing: Saving/Checking/Loan  
 (Circle which product closing)

**Account Name/Owners** (Please Print): \_\_\_\_\_

Please complete survey to help us improve our service and products:

**Members:** Please rate the following MICU features from 1-5, with 1 being "poor" and 5 being "excellent."

Closing account because:	
Loan paid off	
Moving	
Death	
Retired	
No longer need	
Dissatisfied	

Moving funds to:
Another CU:
A bank:
Investment firm:
Other:

Branch location	1	2	3	4	5
ATMs	1	2	3	4	5
Online banking	1	2	3	4	5
Rates	1	2	3	4	5
Member Service	1	2	3	4	5
Branch hours	1	2	3	4	5

Would you recommend MICU to others?  
 \_\_\_\_\_

- Do you have Online banking? **Y N** (See back of form for F/M)
- Do you have a Visa Credit Card? **Y N** Card balance Must be zero to close \$5.00 share (do \$.01 pledge)  
(Derick, Dawn, Nikki or Loan dept can verify balance)
- Do you have an ATM/Debit card? **Y N** Please turn in to CU staff so we can shred for you
- Any unused checks? **Y N** Please turn in to CU staff so we can shred securely

**MICU Staff to complete**

**Savings only balance -Tellers can close.**

<b>Current Balance</b>	Savings Account \$ _____	Checking Account \$ _____
<b>Outstanding items</b>	<b>Debit Items</b>	<b>Checks outstanding</b>
Have all checks cleared?	<b>Y N</b>	
Have all ATM/Debit items cleared?	<b>Y N</b>	
Any preauthorized debit card or ACH items?	<b>Y N</b>	
Any direct deposits?	<b>Y N</b>	
<b>Total outstanding \$</b>		
<b>Total Closing Amount</b>	\$ _____	

**If moving, please provide new address information** so that we can send **a final statement and end-of-year tax forms**

Forwarding Address: \_\_\_\_\_  
 (Please Print) \_\_\_\_\_  
 New Phone: \_\_\_\_\_

I understand that I am responsible for any outstanding checks, ATM and Debit card items on the above account if they have not cleared as of this date. If any items are received after today and funds are not available to pay them, I understand that checks will be returned unpaid and outstanding bankcard items will cause a negative position in the account. If a negative balance occurs, I agree to pay the amount promptly. I hereby request that the above account be closed.

Signature \_\_\_\_\_ Date: \_\_\_\_\_