



CLOSE ACCOUNT REQUEST FORM

Account Number: _____

Member name: _____

Social Security #: _____

Joint member: _____

Social Security #: _____

Please close: my entire membership or the sub-accounts listed: Vacation
 Holiday
 Money Market/Max

Reason for closing account:

- () Moved residence out of the area
- () Branch locations not convenient
- () Inactive account
- () Paid off loan
- () ATM locations not convenient
- () Consolidation of accounts
- () I found more convenient services elsewhere. Explain _____
- () Not satisfied with rates and fees
- () Other; Explain _____

By signing below, I request The Summit FCU close the account or sub-accounts indicated above. I do this with the understanding that if I'm closing my membership I may not be eligible for membership in the future. I also understand that to close my credit union membership, I must pay off any loan balances at The Summit FCU. In addition, I agree to have cancelled all recurring transactions and ensure all transactions have cleared my accounts prior to requesting this account closure. In the unlikely event, a pending transaction (Debit Card, ACH, etc) clears my account after closure, I accept responsibility for it.

Primary Member Signature

Identification

Date

Joint Member Signature

Identification

Date