



Account Closing Request

In order to close an account with multiple owners, we must have the signatures and picture ID of all account owners. The account will not be closed until all required information, picture ID's and additional signatures are received at the credit union.

Name (Primary): _____ Account Number: _____ Suffix: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Email Address: _____

Reason for closing:

- | | |
|--|---|
| <input type="checkbox"/> Relocating | <input type="checkbox"/> Member Service Issue |
| <input type="checkbox"/> Secondary Account | <input type="checkbox"/> Unable to maintain the minimum balance |
| <input type="checkbox"/> Location | <input type="checkbox"/> Other: _____ |

I/We have been advised that any outstanding checks, direct deposits and preauthorized electronic transaction (payment and credit) received against my account will be returned as closed account.

I/We acknowledge that the Alcon Employees Federal Credit Union will not be liable for any checks or pre-authorized debits submitted for payment on this account after this date.

I/We authorize Alcon Employees Federal Credit Union to close the account(s) listed above.

I/We authorize Alcon Employees Federal Credit Union to send a check for the remaining balance in the account(s) to the address listed above.

Primary Name (Please Print) Primary Signature Date

Joint Name (Please Print) Joint Signature Date

FOR OFFICE USE ONLY		
Verified all owners signatures	Related accounts review	
Copy of all ID's if not in person	Stop direct deposit/ACHO	
Pull account card	6 Month early closing fee	
All loans paid off	CU Staff Initials	
ATM/Debit Card Closed	Date	