



**ALCON EMPLOYEES**  
**Federal Credit Union**  
*Once a member, always a member.*

## 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:**

- Relocating
- Secondary Account
- Location
- Member Service Issue
- Unable to maintain the minimum balance
- Other: \_\_\_\_\_

**I/We acknowledge that it is my/our responsibility to stop all direct deposits or recurring payments before closing this account(s).**

**I/We acknowledge that any outstanding checks, direct deposits and preauthorized electronic transactions (payments and/or credits) received against my account will be returned as closed account.**

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	Stop direct deposit/ACHO	
VISA Credit Card Paid/Closed	6 Month early closing fee	
All loans/mortgages paid off	Pull all account cards	
ATM/Debit Card Closed	Staff Initial/Date	