

Close Account Request

Use for closure of entire membership or access to Line of Credit or Credit Card. IRAs/SDBs closed separately; require other docs.

- Form must be signed by an Account Owner / Signer.
- Fees / Overdrafts / Collections must be paid prior to closing (refer to Account Resolution Dept., as applicable).
- Accounts by mail, fax, or email **MUST** include copy of ID. Funds will be mailed in the form of a Cashier's Check made payable to the owner(s)/name/title of the account, exactly as account is titled.
- Special Account types/situations may require specific documentation (refer to Special Accounts Dept., as applicable).

Reason for Closure (completed by Employee; enter in Symitar)

<input type="checkbox"/> Fraud/Account Compromise	<input type="checkbox"/> Moving or Do Not Live in Area
<input type="checkbox"/> Deceased (Member or Joint)	<input type="checkbox"/> Insufficient Funds to Maintain Acct
<input type="checkbox"/> Fees	<input type="checkbox"/> Service/Other: _____
<input type="checkbox"/> Rates	

 **Member Check List for Closing Account:** Account may be closed when applicable items with ✓ are complete.

- Direct Deposits redirected to another account ✓
- Checks / Drafts / Debits cleared ✓
- Safe Deposit Box paid to date and closed ✓
- Credit Card/Loans/Outstanding fees/Debts paid in full ✓
- Online Banking / Bill Pay shut down ✓
- Cancel external loan payments (from other institutions) ✓
- ATM / Debit Card(s) destroyed or returned to KCU ✓
- Destroy unused checks (may bring to KCU to shred) ✓

Member Name(s): _____ **Account #:** _____

(Address must be current for the mailing of closing statement and remaining funds, if applicable.)

Address on File is Correct (do not complete below) Change Address for final statement (complete below):

Address: _____ City: _____

State/Country: _____ Zip Code: _____ Ph. # w/Area Code: _____

Close Membership (All suffixes, certificates, credit products, and SDB must be closed prior to membership)

NOTE: IRA's/SDB's require other forms for closure.

Close Only the Following:

Credit Card #: _____ Line of Credit suffix: _____

(Closing a Credit Card/LOC stops the use of the product. If a balance is owed, payment must continue to be made until paid in full.)

- I have completed all required items listed above to prepare for closing my account or requested service.
- I understand my signature below will be verified with the signature on file, as well as the identification I will include.
- I am aware that KCU assumes no liability for outstanding checks, direct deposits or electronic drafts presented against my account after it is closed, and all checks/drafts and direct deposits will be returned with a "Closed Account" description.
- **I will assume full liability for any valid plastic card transaction charged to the account after closing the account.** I understand I am responsible for plastic card transaction(s), credit or debit, presented after closing this account and these transactions may be charged to my account, even if the account must be re-opened to do so.
- **I am aware that, with full closure of this account, credit cards and lines of credit will be closed to access.**
- **I am aware all loans, credit cards, fees, outstanding debts and/or Safe Deposit Box rental/fees must be paid in full before the entire account can be closed.** If there is a balance owed/being paid on any loan/credit product, fees or debts unpaid, or an open Safe Deposit Box, the Main Share (savings) account must remain open with the minimum par share balance, per owner.

Member Signature: _____ **Date:** _____

KCU Use Only Employee: Complete/Forward items below, as applicable.

Employee # _____

- Sent copy via Card Svcs. maintenance ticket for Credit Card closure, if applicable
- Sent copy via Loan maintenance ticket to CLP for LOC closure, if applicable