

ACCOUNT CLOSURE AUTHORIZATION

If you have an open loan and/or credit card, it is a requirement that each person doing business with MCU be an member, therefore your share savings account must remain open.

Full Name:	Contact Number:
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Member Number:	Email Address:
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Account(s) I wish to close:

- Share Draft Checking
- Club Account
- Money Market
- MasterCard Credit Card
- Share Savings
- All

Distribute funds as follows:

- Transfer funds to MCU account number _____.
- Mail check to me at address on file.
- Withdraw funds in person.

Member satisfaction is important to Memorial Credit Union. In order to better serve our members, please select the reason for closing your account:

- Change of Employment
- Relocation
- Service
- Better rates elsewhere
- Other, please explain.

I hereby authorize Memorial Credit Union to close my account(s) In the event there are any pending authorizations that have not yet posted to my account; I understand that I am fully responsible for complete payments on those items. I am responsible for the return of any presented items, and I may incur fees from others due to these returns. I understand there may be a \$5.00 closing fee for the primary share account if the account is closed within six months of opening.

SIGNATURE:

Member's Signature: ▶	Date: (MM/DD/YY)
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