



## REQUEST TO CLOSE MEMBERSHIP

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Member #: \_\_\_\_\_ Daytime Phone #: \_\_\_\_\_

### ***REQUIRED FIELD***

Member satisfaction is very important to us. In order to better serve our members, please select the reason for closing your account.

**Reason for account closure:** ☐ Change in employment ☐ Rates ☐ Loan Paid in Full

☐ Other (please explain): \_\_\_\_\_

*I verify that I have canceled any pre-authorized deposits and/or payments. In the event that there are any pending authorizations that have not yet posted to my account, I understand that I am fully responsible for complete payment of those items. I am responsible for the return of any presented items, and I may incur fees from others due to these returns. I acknowledge that by including my regular share account (000) in this request, I will be discontinuing my membership with ELCA Federal Credit Union. I hereby authorize ELCA FCU to close my account(s) listed above.*

**Member Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Revised March 2022