

Account Closure Form



PO Box 391
Ashland, KY 41105
Phone: 800-245-8112
Fax: 606-329-5414
www.ashlandcu.org

Contact Information: (remaining funds will be mailed to the supplied address)

Name: _____
Address: _____
Daytime Phone: _____
Member Number: _____

Reasons For Closing Account(s): (check all that apply)

- | | | |
|--|--|---|
| <input type="checkbox"/> Rates Not Competitive | <input type="checkbox"/> Poor Member Service | <input type="checkbox"/> Products Not Offered |
| <input type="checkbox"/> No Local Branch | <input type="checkbox"/> Missing Internet Features | <input type="checkbox"/> Lack of Free ATMs |
| Other Reason _____ | | |

Authorization To Close Account

I authorize Ashland Credit Union to close my account and any line of credit loan or credit card attached to my membership. I understand that any transactions attempting to post to my account will be returned "Account Closed" or "Return to Maker". I will notify the Credit Union if my address changes so that my closing account statement and end of year tax forms can be sent to me, regardless if I previously received eStatements.

Member Signature: _____ Date: ___/___/___

For Credit Union Use Only

Request Processed on ___/___/___ by _____

Services Verified:

- | | | |
|--|--|--|
| <input type="checkbox"/> Accounts Closed | <input type="checkbox"/> Member Declassified | <input type="checkbox"/> Internet Teller |
| <input type="checkbox"/> Debit Card Closed | <input type="checkbox"/> Visa Card Closed | <input type="checkbox"/> Bill Pay |