

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)

Rates Not Competitive Poor Member Service Products Not Offered
No Local Branch Missing Internet Features 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:

Accounts Closed Member Declassified Internet Teller
Debit Card Closed Visa Card Closed Bill Pay