

A member representative will contact you to complete this request.

Personal Information:

Requester Name:

Primary Phone #

Secondary Phone #:

Email:

Select Membership/Accounts to Close:

Account #:

Savings Checking TSC MMA

OR

Membership #:

Reason for Closure:

Account Funds:

Send Check to Address:

City:

State:

ZIP:

OR

Transfer to ACCU Account #:

Savings Checking MMA

Signature and Certification

By signing below, you agree that America's Christian Credit Union (ACCU) may from time to time make calls and/or send text messages to you at any telephone number associated with your current or future account(s), including wireless telephone numbers that could result in charges to you. The manner in which these calls or text messages are made to you may include, but is not limited to, the use of prerecorded/artificial voice messages and/or automatic telephone dialing system. You further agree that ACCU may send e-mails to you at any e-mail address you provide us or use other electronic means of communication to the extent permitted by law. Consent may be revoked at any time and by any reasonable means.

Name:

Date: ____/____/____

Signature:

This area is for credit union use only

Notes:

Verification Method:

- In Person
 Phone

Verification:

Employee Approval:

Date: ____/____/____

Manager Approval:

Date: ____/____/____