



REQUEST TO CLOSE ACCOUNT/MEMBERSHIP

Effective Date: _____

Member Number: _____

I/We authorize Illinois Community Credit Union (ICCU) to close my/our accounts as indicated below. I/We understand that if I/We close my/our Primary Share Savings account, I/we will no longer be a member of ICCU, and all accounts and services will be closed.

Accounts/Products/Services/Loans
<i>Please indicate all applicable choices with the checkboxes</i>
<input type="checkbox"/> Prime Share <i>\$5.00 fee will apply to closure</i>
<input type="checkbox"/> Classic Checking
<input type="checkbox"/> Prestige Checking
<input type="checkbox"/> Solutions Money Market
<input type="checkbox"/> Club Account
<input type="checkbox"/> Christmas Club
<input type="checkbox"/> Kids Account
<input type="checkbox"/> IRA Savings Account <i>IRA Plan closure will require additional paperwork</i>
<input type="checkbox"/> VISA Credit Card
<input type="checkbox"/> Certificate of Deposit <i>early closure fee will apply before maturity</i>
<input type="checkbox"/> VISA Debit/ATM Card
<input type="checkbox"/> Payday LOC

Account Closure Reason(s)
<i>Please indicate all applicable choices with the checkboxes</i>
<input type="checkbox"/> Leaving the area
<input type="checkbox"/> Unhappy with service
<input type="checkbox"/> Pricing or rate concerns
<input type="checkbox"/> Consolidation of membership(s)
<input type="checkbox"/> Inconvenient locations
<input type="checkbox"/> Dormant account
<input type="checkbox"/> Member deceased
<input type="checkbox"/> Compromised (Fraud)
<input type="checkbox"/> Online Banking/eServices
<input type="checkbox"/> Loan paid off
<input type="checkbox"/> Member decided not to open
<input type="checkbox"/> Does not use any longer
<input type="checkbox"/> Other (please indicate)

1. I/We understand that any checks, ACH transactions, Debit Card transactions and Direct Deposits presented for payment on or after this date will be returned, "Account Closed." 2. I/We understand this document does not release me/us from any liability on a loan balance, credit card balance, negative checking or savings balance or other amounts owed to ICCU. 3. I/We agree to be responsible for any losses that ICCU may sustain as a result of any claims made against the closed account that may be processed or paid by us, together with our costs, including reasonable attorney fees. 4. I/We have read and agree to the above statements and hereby hold ICCU harmless.

Business Name: _____

Member Name: _____ **Joint Member:** _____

(Optional)

Signature: _____ **Signature:** _____

(Optional)

Date: _____ **Date:** _____

OFFICE USE ONLY

Completed By: _____ CU*Base ID: _____ Date: _____

Did Prime Share Remain Open: Yes No Membership Closure Fee: Yes No Verified Closed (Initial) →

Credit Card Debit Card LOC eServices (specify): _____