



Wexford

Community Credit Union

Wexford | Missaukee | Osceola

Account Closing Form

| | | | | | |
|---|--|----|--|---|--|
| Name <small>(Person closing the account or suffix)</small> | | | | | |
| Account Number | | | | Date | |
| <input type="checkbox"/> Please close my membership, which closes <i>all</i> account suffixes. | Reason for Closing | | | Were you satisfied with the service you received? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Need Funds | 51 | | | |
| <input type="checkbox"/> Please keep my membership open and close the following suffix: 008 Checking <small>NOTE: Debit Cards attached to the checking account will be closed. An ATM Card will be reissued upon member's written request. See ATM Card Application.</small> | <input type="checkbox"/> Moving | 52 | | Were you satisfied with the products offered? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | <input type="checkbox"/> Combining WCCU Accounts | 53 | | | |
| | <input type="checkbox"/> Master Member Passed Away | 54 | | | |
| | <input type="checkbox"/> Other: Provide reason below | 55 | | | |
| | <input type="checkbox"/> Dormant | 57 | | | |
| <input type="checkbox"/> Compromised | 62 | | | | |
| Reason / Suggestions for Improvement | | | | | |
| Signature | X | | | | |

| For Office Use Only | | | | | | |
|---|------|-----------------------------------|-------------|------|------------------------------------|------|
| RECEIVED BY | DATE | "Closed" Tracker | ODP Tracker | DATE | Moved to "CLOSED" By | DATE |
| | | | | | | |
| CLOSED BY | DATE | LOGGED BY | | DATE | VERIFIED BY | DATE |
| | | | | | | |
| Opt "OUT" of ODP When Closing 008 Suffix Only | DATE | Close Debit Card When Closing 008 | | DATE | Signature Card Pulled and Filed By | DATE |
| | | | | | | |