



CLOSE ACCOUNT FORM

ATTENTION: Account Representative

Date _____

I am closing my account(s) at your financial institution. Please close the following account(s) listed below.

My account number with your financial institution is _____

- I authorize the immediate closure of my (check all that apply)
- | | |
|--|--|
| <input type="checkbox"/> Savings / Share Savings | <input type="checkbox"/> Checking / Share Draft |
| <input type="checkbox"/> Money Market | <input type="checkbox"/> Christmas / Vacation Club |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> All Accounts |

Please do the following with the remaining balance of my account(s):

- Mail a Cashier's Check to my home address listed below
- Send a Cashier's Check to be deposited in my account at ICCU

- | | | |
|---|--|--|
| <input type="checkbox"/> Iowa Community Credit Union
PO Box 750
Waterloo, IA 50704 | <input type="checkbox"/> Iowa Community Credit Union
501 4th Ave SE
Cedar Rapids, IA 52401 | <input type="checkbox"/> Iowa Community Credit Union
503 W Hwy 30
Carroll, IA 51401 |
|---|--|--|

- My Member Number is _____

- The Account Type is
- Savings / Share Savings
 - Checking / Share Draft
 - Other _____

If you have any questions about this request, please contact me at:

Home Telephone _____ Work Telephone _____

<p>_____ Name (please print)</p> <p>_____ Address</p> <p>_____ City</p> <p>State _____ Zip _____</p> <p>_____ Signature</p>	<p>_____ Joint Owner Name (please print)</p> <p>_____ Joint Owner Signature</p>
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