



Catholic United Financial CREDIT UNION

3499 Lexington Ave N
Saint Paul, MN 55126

Phone: 651-765-4132
Toll-free: 877-871-8313

www.catholicunitedCU.org

REQUEST TO CLOSE ACCOUNT

EFFECTIVE DATE: _____ MEMBER NAME: _____ ACCT#: _____

REASON FOR CLOSURE: _____

I authorize Catholic United Financial Credit Union (CUFCU) to close my accounts indicated below. I understand that if I close my Membership Savings account, I will no longer be a member of CUFCU and all accounts and services will be closed, whether or not I checked them off below.

PERSONAL ACCOUNTS:

- ___ Membership Savings Suffix: _____
- ___ Sub Savings Suffix: _____
- ___ Founding Member Savings Suffix: _____
- ___ Educational Savings Suffix: _____
- ___ Money Market Savings Suffix: _____
- ___ Certificate of Deposit Suffix: _____
- ___ Checking Suffix: _____
- ___ ATM Card Last 4 Digits: _____
- ___ Debit Card Last 4 Digits: _____
- ___ Personal Line of Credit Suffix: _____
- ___ Home Equity Line of Credit Suffix: _____

BUSINESS ACCOUNTS:

- ___ Business Checking Suffix: _____
- ___ Local Council Checking Suffix: _____
- ___ Debit Card Last 4 Digits: _____

I understand that any all checks, ACH transactions, debit card transactions and automatic payments on or after this date will be returned, "Closed Account." I understand this document does not release me/us from any liability on a loan balance, negative checking or savings balance or other amounts owed to CUFCU. CUFCU will pursue any and all losses incurred to the full extent of Minnesota law. I agree to be responsible for any loss that CUFCU 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. I have read and agree to the statements above and hereby hold CUFCU harmless.

MEMBER SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY: CLOSED BY EMPLOYEE: _____ CLOSED DATE: _____