



# Catholic United Financial CREDIT UNION

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[www.catholicunitedCU.org](http://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: \_\_\_\_\_

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