

REQUEST TO CLOSE ACCOUNT/MEMBERSHIP



508 W. State St.
Sycamore, IL 60178
Ph: (815) 895-4541
www.myICCU.org

I authorize Illinois Community Credit Union to close my account as indicated below. I understand that by closing my Primary Share Savings account, I will no longer be a member of Illinois Community Credit Union and all accounts and services will be closed.

MEMBER INFORMATION	
Member Name:	Member Number:
Address:	
Phone #:	Email:

Accounts/Products/Services/Loans
<p style="text-align: center;"><i>Please indicate all applicable choices with the checkboxes</i></p> <p><input type="checkbox"/> Prime Share <i>\$5.00 fee will apply to membership closure.</i></p> <p><input type="checkbox"/> Save-to-Win[®]</p> <p><input type="checkbox"/> Checking</p> <p><input type="checkbox"/> Money Market</p> <p><input type="checkbox"/> Club Account</p> <p><input type="checkbox"/> Christmas Club</p> <p><input type="checkbox"/> Kidz Club</p> <p><input type="checkbox"/> IRA Savings <i>IRA Plan closure will require additional paperwork.</i></p> <p><input type="checkbox"/> VISA Credit Card</p> <p><input type="checkbox"/> Certificate of Deposit <i>early closure fee will apply before maturity.</i></p> <p><input type="checkbox"/> VISA Debit/ATM Card</p> <p><input type="checkbox"/> Payday/Personal LOC</p>

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

1. I 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 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 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 have read and agree to the above statements and hereby hold ICCU harmless.

Member Signature: _____

Date: _____

Office Use Only	_____	_____	_____	_____
	Employee Name	CU*Base ID	Member SSN	Date