

Primary Member's Name: _____

Account Number: _____

Identification Type: ☐ State ID ☐ State License ☒ Passport

ID Number: _____

Please attach a picture of your ID with this request.

Please check the appropriate box(es) below:

- ☐ Close all of my accounts
- ☐ Close my credit line *Account must have a zero balance for 10 days prior to account closure*
- ☐ Credit Card ☐ Personal Line of Credit ☐ Home Equity Line Of Credit

How would you like the remaining funds?

- ☐ In cash (In-Person Only)
- ☐ In a check payable to the member (In-Person Only)
- ☐ In a check payable to the member and mail it to the address below
- Address: _____ City: _____
 State: _____ Country: _____ Zip: _____
- ☐ To be transferred to an account at USC Credit Union
- Account Name: _____ Account Number: _____
- ☐ To be wired to an account at another financial institution
- Please fill out and attach the Wire Transfer Form and review the Schedule of Fees*

By signing below, I authorize and agree to indemnify, defend, and hold USC Credit Union and its employees harmless from and against every claim, demand, action, cost, loss, liability, and expenses including, without limitation, attorney's fees, which you incur by acting in accordance with USC Credit Union's Account Agreement and Truth-In-Savings and Truth-In-Lending Disclosures (if applicable) or as a result of my failure to abide by its terms. Mailed, e-mailed, and faxed forms must be submitted along with a legible copy of an unexpired identification document. USC Credit Union will confirm all wire transfer requests submitted via email with a phone call.

Primary Member Signature

Date

THE CREDIT UNION DIFFERENCE

Better

RATES

Better

SERVICE

Better

LIFE

