

## **Close Account Form**

Primary Member's N	lame:		
Account Number:			
Identification Type:	State ID	State License	<ul><li>Passport</li></ul>
ID Number:			
Please attach a pict	ure of your ID with this	s request.	
Please check the ap	propriate box(es) belo	w:	
Close all of m	ny accounts		
		e a zero balance for 10 days prior to rsonal Line of Credit	account closure  Home Equity Line Of Credi
<b>Reason for account</b> Select all that apply	closure:		Other (please
	elocating or I'm consolidating my finances/accounts	I experienced fraud or security concerns Your digital tools or mobile app didn't meet my needs	explain): Your products/ services are limited for my financial goals
How would you like	the remaining funds?		
In cash (In-Pe	erson Only)		
O In a check pa	ayable to the member (I	n-Person Only)	
In a check payable to the member and mail it to the address below  Address: City:			
State:	Count	ry:	Zip:
To be transferred to an account at USC Credit Union  Account Name: Account Number:			
<b>V</b> /	to an account at anothe ill out and attach the Wire Tro	r financial institution ansfer Form and review the Schedu	le of Fees
claim, demand, action, cost, with USC Credit Union's Acco abide by its terms. Mailed, e-	loss, liability, and expenses incl ount Agreement and Truth-In-Sav mailed, and faxed forms must b	uding, without limitation, attorney's fe vings and Truth-In-Lending Disclosures	nployees harmless from and against every res, which you incur by acting in accordanc (if applicable) or as a result of my failure to of an unexpired identification document.
Primary	/ Member Signature		Date







