



**PARKVIEW
COMMUNITY**
Federal Credit Union

Where Members *Always* Come First

AUTHORIZATION TO CLOSE ACCOUNT

Member Number: _____

Requestor: Member _____ Last 4-digits SS#: _____

☐ Joint Member _____ Last 4-digits SS#: _____

(NOTE: Please include a copy of your identification for security purposes.)

I request that Parkview Community Federal Credit Union close the account or accounts indicated below:

- ☐ Close my entire membership or ☐ Close the sub-accounts listed:
- ☐ Checking-_____
 - ☐ Secondary Share-_____
 - ☐ Holiday-_____
 - ☐ Money Market-_____
 - ☐ Other, specify-_____

DISBURSE REMAINING ACCOUNT FUNDS (check one):

- ☐ send a check to my address: _____.
- ☐ transfer the funds to PCFCU account #: _____.

I understand that to close my entire credit union membership, I must pay off any loan or Visa balances held at Parkview Community Federal Credit Union. I also understand that once closed, this same member number cannot be reopened and any items presented for payment or deposit will be returned marked "Account Closed". If you have any questions you can reach me at: _____.

Member Signature: _____ Date: _____

Joint Owner Signature: _____ Date: _____

Thank you for being a valued member of Parkview Community Federal Credit Union. Please help us to understand why you wish to close your account today:

Reason for closing account:

- ☐ Moved out of the area
- ☐ Work related Issue
- ☐ Denied credit/Checking account
- ☐ Convenient services elsewhere: Explain _____
- ☐ Other financial institution: Explain _____
- ☐ Other: Explain _____

Would you like to be contacted about your reason for closing? (Check one): Yes ☒ No ☐