



CLOSE ACCOUNT REQUEST

Name: _____

Address: _____ City/State/Zip: _____

Share Account Number: _____ Share Draft Account Number _____

Visa Credit Card: _____ Visa Debit Card: _____

REASON FOR CLOSING ACCOUNT(S) – check as many as apply:

Moving to _____ Getting Married Divorce

Never Use Account (including inactive or dormant Account) Denied Credit

Convenience (location/hours, etc.) Death of Primary Better Rates (where) _____

Unresolved Error/Issue (please explain) _____

Poor Service (please note employee name) _____

Other (please explain) _____

Member Signature

Date

Credit Union Service Rep.

Date

Credit Union Supervisor

Date

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Signature Print or type name

NOTARY PUBLIC; My Commission # _____
Expires: _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

Notary Signature Print or type name

NOTARY PUBLIC; My Commission # _____
Expires: _____

**Please return to Member Service Manager
memberservices@mpscu.org**

2190 NW 72 Avenue
Miami, Florida 33122
Phone: 305.592.7733
Toll-Free: 800.782.3630