TREADWELL
CREDIT UNION

MEMBERSHIP CLOSURE REQUEST & AUTHORIZATION

Member Number: _____

Member Name: _____ **Joint Owner Name:** _____

Address: _____

REQUEST TO CLOSE MEMBERSHIP

I hereby request that Treadwell Credit Union close my membership and all accounts associated with my membership, subject to any outstanding balances, holds, pending transactions, or other obligations.

I understand that:

- Any outstanding loans or other obligations to Treadwell Credit Union must be satisfied or otherwise addressed before the membership can be fully closed.
- Any remaining funds in my share/savings or other deposit accounts will be disbursed according to my instructions below, subject to applicable account restrictions.
- I am responsible for any transactions that may be presented after this request is submitted and for any resulting balance or fees.
- Closing my membership will terminate my access to applicable Treadwell Credit Union membership services and accounts.
- I should retain copies of any statements or documents I may need for my records.

REMAINING FUNDS

Please select one:

☐ **Check mailed to the address on file**

☐ **Check/Cash provided to member**

☐ **Transfer funds to another account:** _____

☐ **No remaining funds**

REASON FOR CLOSING ACCOUNT

Please select the primary reason for closing your membership:

☐ **Moving / Relocating**

☐ **No longer needs the account**

☐ **Dissatisfied with products or services**

☐ **Dissatisfied with rates or fees**

☐ **Found another financial institution**

☐ **Consolidating accounts**

☐ **Inactive / No longer using account**

☐ **Deceased member**

☐ **Financial hardship**

☐ **Employment or life change**

☐ **Moving out of the Credit Union's service area**

☐ **Other:** _____

MEMBER AUTHORIZATION

By signing below, I confirm that I am requesting the closure of my Treadwell Credit Union membership and authorize the Credit Union to take the necessary steps to close the membership and associated accounts in accordance with Credit Union policy.

Signature: _____ **Date:** _____

Signature: _____ **Date:** _____