



INDUSTRIAL FEDERAL CREDIT UNION

Account Closing Agreement

Primary Name: _____

SSN: _____

Date: _____

Account Number: _____ Savings Checking Employee Signature: _____

Teller Initials: _____ Teller Number: _____

I/we hereby request that Industrial Federal Credit Union close our account number _____. I/we understand any future transactions or drafts presented for payment on this account will be returned "CLOSED ACCOUNT".

Owner: _____ Owner: _____

Owner: _____ Owner: _____

We are sorry you closed your account with IFCU. In order to improve our service to our members, please answer the following short survey:

What is the reason for closing your account with IFCU today: _____

Are there any areas we can improve that would keep your business with IFCU:

If you are using another financial institution, what do you like about them over IFCU:

Second Verifier Signature: _____ Branch: _____

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Rev10.18

IF USING A BRANCH NIGHT DROP BOX OR MAILING THE FORM, THE BELOW IS REQUIRED.

STATE OF _____

COUNTY OF _____)

Before me, a Notary Public in and for said County and State, personally appeared _____, who acknowledged the execution of the above instrument to be his or her voluntary act and deed for the uses and purposes therein stated. WITNESS my hand and Notarial Seal, this _____ day of _____, 20____.

[SEAL]

(written)

(printed)

My Commission Expires:

NOTARY PUBLIC
Resident of _____ County, ____.

Dated: _____

written

Printed