



CREDIT CARD ACCOUNT CLOSING REQUEST

Primary Cardholder's Name: _____ Member Number: _____

Joint Cardholder's Name: _____

VISA ACCOUNT NUMBER: _____

VISA ACCOUNT NUMBER: _____

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I/We _____ hereby authorize Associated Credit Union to close my/our VISA account at Associated Credit Union. If I/We have made a recent payment on the account from another institution, I/We understand I/We need to allow 7-10 days to process this request.

Reason for closing account (s):

Card Holder's Signature: _____

Date: _____

For Associated Credit Union Use Only:

Request Received by: Teller# and Name

Date Submitted

Processed By: VISA REP TLR# and Name

Date Completed