



CLOSED ACCOUNT REQUEST

Name _____	Account # (s) _____
Address _____ _____	
Daytime Phone _____	
Reason for Closure _____	

I hereby request that the account(s) listed above be closed. ***If I am closing my share account, I understand that my VISA and/or LOAN account balance must be paid in full, prior to closing my share account. I also must surrender my ATM/DEBIT and VISA card at the time of closing my account.*** I further understand that I must meet membership eligibility requirements to rejoin NSP St. Paul Credit Union.

Authorized signature _____

We're sorry to see you go, but would appreciate your feedback. Will you participate in a one-time Customer Service Assessment survey to help determine how we can retain members in the future? You will receive a short online survey within 60 days. Your email address will be removed from our list after 60 days.

Email _____

OFFICE USE ONLY

Services closed:	Shares: _____	Checking: _____	Payroll: _____
Home Banking: _____	ATM/Debit: _____	Visa: _____	Loan: _____

ATM/Debit card #: _____			
ITS delete completed on system: _____		Instant Cash delete: _____	
Visa card #: _____			
Visa card delete: _____			
Date closed: _____		Total Balance \$ _____	
MSR verification of completion: _____			