EMORY ALLIANCE CREDIT UNION

Account Closing Request

Please accept this as an official request to close the membership stated below.

The membership is in the name(s) of:

Primary Member: _____

Joint Member (if applicable): _____

A check will be issued for all remaining funds and mailed to the address on file, unless noted below:

Mail Check to: _____
Address

_____
City State Zip

Should you have any questions, please contact me at _____
Phone Number

This form must be signed in order to proceed with your request.

_____ _____
Primary Account Holder Signature Date

_____ _____
Joint Owner Signature (if applicable) Date

Submit the completed form and a copy of the Primary Account Holder's Driver's License to:

- **Fax:** 404.315.9242 / ATTN: Member Services, or
- **Email:** documents@emoryacu.com, or
- **Mail:** 1237 Clairmont Rd, Decatur GA 30030