



Account Closure Form

Member Account #: _____ Member Name: _____

Daytime Phone #: _____ Address: _____

We are truly sorry to hear that you're leaving. Please take a moment to tell us why you're closing your account and how we can improve our future products and service direction. Your comments and suggestions are very important to us:

- | | | |
|---|---|--|
| <input type="checkbox"/> Branch Staff Service | <input type="checkbox"/> Product Availability | <input type="checkbox"/> Dormant Account |
| <input type="checkbox"/> Branch Locations | <input type="checkbox"/> Online Services | <input type="checkbox"/> Employment Change |
| <input type="checkbox"/> Branch Hours | <input type="checkbox"/> Payroll/Direct Deposit | <input type="checkbox"/> State Relocation |
| <input type="checkbox"/> Rates & Fees | <input type="checkbox"/> Loan Approval/Denial | <input type="checkbox"/> Other: _____ |

Comments & Suggestions: _____

I hereby authorize the closure of my account(s) with MariSol Federal Credit Union.

Authorized Signature: _____ Date: _____

Thank you for choosing MariSol Federal Credit Union