

Name/Nombre: _____ Account Number/Número de Cuenta: _____

Reason for closing the account/Razón por cual cierra la cuenta: _____

Address/Dirección: _____

Home Phone/Teléfono de Casa: _____ Work Phone/Teléfono de Trabajo: _____

Delivery of Funds/Entrega de fondos: (check one)

- Mail Check to Address on File
- Transfer to _____ (only Point West Accounts)
- Coming in Person

Signature/Firma: _____ Date/Fecha: _____

- ID Type (Number and Expiration): _____
- DocuSign with Knowledge Based Access Authentication

Credit Union Use Only	
<input type="checkbox"/> CUnify	Date Completed: _____ Team Member Initial: _____
<input type="checkbox"/> VISA	
<input type="checkbox"/> IRA	
<input type="checkbox"/> ATM/Debit Cards	