Authorization to Close Account

Updated: April 2026

Name: _____ Member Number: _____

Close ALL Accounts _____Close _____ Account(s) only

Closing Balance: $_____

CLOSING MEMBER

Please read the following statements. Sign below when agreed:

I have stopped all automatic deposits and withdrawals associated with this account, and I claim there are not outstanding checks drawn against my account. Any items presented against my closed account may be returned.

My information is up to date; I understand my final statement and any tax documents will arrive at the address provided.

By signing, I agree that the account(s) listed above will be closed. If fully closing my membership with GTCU, I also understand that should I choose to reopen an account, I must re-qualify in the Field of Membership.

Signature of Member: _____ Date: _____

CREDIT UNION STAFF

I have reviewed and followed Leader guidance and/or internal procedures for the closure of this account(s).

Employee Signature and Operator #: _____ Date: _____