



Your Original Jefferson County Credit Union Since 1939

P.O. Box 1530, Port Townsend WA 98368
(360) 385-3663 www.QuimperCU.com

Quimper Account Closure Request

I/We authorize Quimper Community Federal Credit Union to:

(I understand that use of this account before it closes may be interpreted as instructions to keep it open.)

Close My Following Account: # _____ Type: _____

Name(s) on Account: _____

Important Disclosure: Checking Accounts will be closed approximately 7 days from the time of this request. You are responsible for any and all outstanding charges and/or fees, which result before or after the time of this closure request. If you are moving please provide a forwarding address to here:

Account Holder Signature: _____ Date: _____

Joint Account Holder Signature: _____ Date: _____

Other Joint Account Holder Signature: _____ Date: _____

Please complete this short survey.

I am closing this account for the following reason(s):

- I am moving.
- I can get a better deal elsewhere on:
 - Checking
 - Loans
 - Savings
 - Other: _____
- I am dissatisfied with the credit union because of:
 - Poor Service
 - Non-Competitive Products or Services
 - Other: _____
- My personal situation has changed
- Other Reasons: _____

I would rate my overall experience with the credit union as follows:

(Poor) 1 - 2 - 3 - 4 - 5 - 6 - 7 - 8 - 9 - 10 (Excellent)

This form may be used to close a single Quimper Account.

Share accounts must remain open if there is a loan (Quimper or Student Loan) or a VISA credit card open.

Debit Cards/Checks Taken: Teller Initials _____ Date _____

Visa Credit Card Closed or Student Loan paid off: Teller Initials _____ Date _____

Share Account Closed: Teller Initials _____ Date _____

Checking Account Closed in 7 days: Teller Initials _____ Date _____