



**ACCOUNT CLOSURE ACKNOWLEDGEMENT**

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Full Name: \_\_\_\_\_

Member#: \_\_\_\_\_

Phone #: \_\_\_\_\_

**I am closing my ORUEFCU account because:**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> I am moving                         | <input type="checkbox"/> I need my money now           | <input type="checkbox"/> Inconvenient hours of operations/branches |
| <input type="checkbox"/> Account Purpose was completed       | <input type="checkbox"/> Unhappy with fees             | <input type="checkbox"/> Inconvenient ATM network                  |
| <input type="checkbox"/> Unhappy with product and/or service | <input type="checkbox"/> Unsatisfied with loan process | <input type="checkbox"/> Opening account somewhere else            |

Other: \_\_\_\_\_

Use the space below for comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**PLEASE DO NOT WRITE IN THIS SECTION (TO BE COMPLETED BY ORUEFCU)**

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Received by: \_\_\_\_\_

Date: \_\_\_\_\_