



Serving Arapahoe County Since 1937

Close Account Request Form

Copy of Valid Driver's License is required

FAX TO: 303-740-7164

Member Name: _____ Date: _____

Member Number: _____ Re: Checking/MICR Number: _____

_____ I have opted to close my existing ___ SAVINGS ___ CHECKING account number listed above at Arapahoe Credit Union.

CHECKING ACCOUNTS: I understand that any items not listed below will be returned unpaid if sufficient funds are not left in the account to cover them due to the originating account being closed today.

Member Signature _____