



Account Closure Request Form

Thank you for your inquiry regarding closing your Kaiperm Credit Union account(s). To ensure that your account is properly closed and that you receive your closing transaction, please complete the form below and return it at your earliest convenience.

Please be aware Kaiperm is not responsible for transactions that are presented after your account(s) has been closed. All items presented after closing will be returned, unable to locate/account closed. Please take some time to go through your account(s) to be sure any and all automatic ACH debit and/or credits have been stopped.

We will need you to provide your full name, current mailing address, account number, and your signature to verify your identity. We have appreciated your membership.

We are sorry you are leaving Kaiperm Credit Union. Thank you for being a member-owner and part of the "People helping People" movement.

Account Number(s): _____

Name(s) on Account: _____

Reason for Closing: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Member Signature: _____

Joint Signature: _____

Date: _____