



LINE OF CREDIT / VISA ACCOUNT CLOSURE REQUEST

Name: _____

Member Number: _____ Date: _____

Please close my Line of Credit / Visa Credit Card account with Heritage Grove. I realize I will need to be re-approved through the Loan Department before I can re-open this credit account. I realize that I am still responsible for payment until the account is brought to zero. If I am asking for my Visa Credit Card to be closed, I have either destroyed or returned the cards to Heritage Grove Federal Credit Union.

I am closing the account because;

_____ Closing Membership

_____ Interest Rate

_____ Account Not In Use

_____ Consolidating Credit

_____ Other:

Signature: _____

Signature: _____

Circle Account Type:

Line Of Credit

Visa Credit Card

Employee: _____