



METRO Federal Credit Union
2440 E. Rand Road
Arlington Heights IL 60004
847-670-0456 Fax 847-670-0401

REQUEST TO CLOSE AN ACCOUNT

Account No. _____ Type of Account _____

If an ATM card, VISA debit card or VISA credit card is issued, the card(s) must be returned to METRO before the account can be closed

Name (primary) _____ Name (joint) _____

Total amount due to member: \$ _____ Fees/Penalty: \$ _____

I wish to close my account(s) listed above.
Please withdraw the funds and pay them to me in the form of check ___ cash ___.

Member signature _____ Date _____

Joint Member signature _____ Date _____

Just a reminder.....METRO'S membership policy is "Once a member always a Member".
If you change jobs, retire or move to another city, you can keep your account at METRO

MEMBER SATISFACTION SURVEY

Please help us to serve our members better by answering a few questions about your experience with METRO FCU.

Reason for leaving _____

Please tell us about the quality of service you have received from our staff.

- Ability to answer your questions
Poor ___ Average ___ Excellent ___
Promptness and accuracy in serving you
Poor ___ Average ___ Excellent ___
Courtesy to you as a member
Poor ___ Average ___ Excellent ___

Would you recommend METRO FCU to others.
Yes ___ No ___

What could METRO FCU do in the future to provide better service for our members

For office use only

ATM Card Collected ___ Closed ___ VISA Card Collected ___ Closed ___ Unused checks Collected ___ Destroyed ___
Payroll Deduction Cancelled ___
Manager Approval _____