

Close Dependent Account Form



- Form Instructions:**
- Complete all applicable areas on the form and sign and date in the signature area
 - Print and mail the completed form to:
Delta Community Credit Union, ATTN: Personal Deposit Services,
P.O. Box 20541 Atlanta, GA 30320-2541, or fax to 404-677-4802

Primary Member Information

Primary Owner Name (First, MI, Last)

Account Number

Dependent Owner Information

Dependent Owner Name (First, MI, Last)

Social Security Number

Date of Birth
(MM/DD/YYYY)

I agree to close all dependent accounts that I own under this membership.

Select one of the options below to receive any remaining funds in the account(s):

- Mail a check to the following address:

- Transfer the balance to another DCCU account:

_____ -
Account Number

Share ID

Signatures

Signature of Primary Account Owner

Date

Signature of Dependent Account Owner

Date