



Account Closing Request

Please accept this as an official request to close the membership stated below.

The membership is in the name(s) of:			
Primary Member: _____			
Joint Member (if applicable): _____			
A check will be issued for all remaining funds and mailed to the address on file, unless noted below:			
Mail Check to: _____			
Address			
_____		_____	_____
City	State	Zip	
Should you have any questions, please contact me at _____			
Phone Number			
This form must be signed in order to proceed with your request.			
_____		_____	
Primary Account Holder Signature		Date	
_____		_____	
Joint Owner Signature (if applicable)		Date	

Submit the completed form and a copy of the Primary Account Holder's Driver's License to:

- **Fax:** 404.315.9242 / ATTN: Member Services, or
- **Email:** documents@emoryacu.com, or
- **Mail:** 1237 Clairmont Rd, Decatur GA 30030