

## REQUEST TO CLOSE VISA CREDIT LINE

### MEMBER INFORMATION

Name:	Membership Number:
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### CLOSE VISA CREDIT LINE

I authorize CSE Credit Union to close my Visa Credit Card line of credit.

### AUTHORIZATION

- I will destroy my existing Visa Credit Card if it is currently in my possession.
- I acknowledge my current Visa line of credit will also be canceled for any co-borrowers or authorized users.
- I understand if I wish to re-establish a Visa Credit Card, I must submit a new Visa Credit Card Application.

X

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Signature

Date

Please return this completed and signed form to:

- **By Mail:** CSE Credit Union, Electronic and Card Services Department, 84 Wadsworth St, Hartford, CT 06106
- **In Person:** Stop by any CSE Credit Union branch

### FOR CREDIT UNION USE ONLY

Date Received \_\_\_\_\_ Teller # \_\_\_\_\_ Signature/identity verified \_\_\_\_\_  
Notified Electronic & Card Services: \_\_\_\_\_