

REQUEST TO CLOSE ACCOUNT

Date	Account # _			
Account Owner Name				
Last Four Digits of SSN	Date of Birth			
Home Address				
City	State	Zi	p Code	
 PLEASE BE AWARE OF THE FOLLO Any and all loans or line of credit have Any credit cards have to be satisfied a You are not required to close your acc 	e to be satisfied nd closed if clos	and closed if sing entire acc	closing entire accour count.	
ACCOUNT TO CLOSE: I would like to close the following account Share Share Share				ons Club
REASON FOR CLOSING ACCOUNT:	:			
Member Signature				

Main Office: 3110-A Inland Empire Blvd., Ontario, Ca. 91764-6572 (909)481-2805/Fax (909)484-11