



VSECU

**REQUEST TO CLOSE CREDIT CARD**

Date:   /   /

Member #

To Whom It May Concern,

Please close the following Credit Card Visa  MasterCard   
ending in        .

I/We understand that if there is an outstanding balance I/we must meet or exceed the monthly payment until the card is paid in full. I/We also understand that we will have to submit a new application to apply for a Credit Card in the future.

Thank you,

_____ Applicant Signature	OR	_____ Co-Applicant Signature
_____ Applicant Printed Name	OR	_____ Co-Applicant Printed Name