
State of Iowa Division of Credit Unions

Application to Close a Branch Office

Date:

Name of credit union:

Principal office address:

1. Effective date of closing:

2. Branch address:

3. How does the credit union propose to service the membership of the closing branch?

4. Reason for closing the branch office:

We certify that the information included in this application to be true and correct to the best of our knowledge. We agree to comply with the provisions of all laws and rules promulgated by the Credit Union Division applicable to branch offices.

Signed for the Board of Directors:

Chairperson/Vice Chairperson

Date
