



REQUEST TO CLOSE ACCOUNT

Social Security Number: _____ Account Number: _____

Member Name:

First: _____ Middle: _____ Last: _____

Total balance in Shares: _____

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you have a VISA® Credit Card with the Credit Union?
*If YES, ALL BALANCES must be paid in full prior to account closure. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a VISA® Debit and/or ATM Card with the Credit Union? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have an IRA with the Credit Union? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have Direct Deposit to the Credit Union? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you have a LOAN with the Credit Union?
*If YES, ALL LOANS must be paid in full prior to account closure. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Do you have a Term Share Certificate with the Credit Union? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have a SAFE DEPOSIT BOX with the Credit Union?
*If YES, ALL KEYS must be returned before the account will be closed. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you have Deluxe Provent Identity Theft Services? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Do you have Bill Pay with the Credit Union? | <input type="checkbox"/> | <input type="checkbox"/> |

I request that my Savings Account be closed as of this date: _____

I request that my Checking Account be closed as of this date: _____

*For multiple Checking Accounts, indicate the SHARE(S) ID you wish to close: _____

I request that my Money Market Account be closed as of this date: _____

I request that my Christmas Club Account be closed as of this date: _____

I understand that if any Direct Deposit, checks, or ACH Debits are presented after closing my savings or checking account, these funds or items will be returned to the originating agency, stating **ACCOUNT CLOSED**.

I understand that if I close my account prior to the end of the month/quarter, **ALL DIVIDENDS WILL BE FORFEITED**.

I understand that an Early Withdraw Penalty may apply for any Certificates closed prior to their maturity date.

I understand that if I close my account within 90 days of opening it, I will be charged a fee of \$10.00.

I understand it is my responsibility to verify the mailing address on my account is current.

REQUEST FOR CLOSING ACCOUNT:

Member Signature Date Member Name (Please Print)

INTERNAL USE ONLY:

Date Received: _____ Date Closed: _____

Teller ID: _____ Date Mailed: _____