



CLOSE ACCOUNT REQUEST

Member Name: _____ Member Account # _____

Address: _____

City: _____ State: _____ ZIP _____

Main Phone # (_____) _____ - _____ Email: _____

PLEASE CLOSE THE FOLLOWING ACCOUNT(S) EFFECTIVE: _____
Date

_____ _____
Account # Suffix Account # Suffix

_____ _____
Account # Suffix Account # Suffix

- I have cancelled any authorized deposits (payroll) and pre-authorized payments drawn against this account. I understand that if a deposit tries to post to my account after I closed it or an item tries to pull from my account, the item will be returned "Account Closed".
- All my checks and/or VISA Debit Card transaction have cleared this account and I have destroyed all my unused checks and have returned or destroyed my VISA Debit Card. I will be responsible for any checks returned "Account Closed" plus any charges incurred after the above date.
- Below is a complete list of my outstanding checks and VISA Debit Card pre-authorized transactions. Funds are in the account to clear them. As soon as all items have cleared, close the account. I understand that if the list is not complete and the account is closed, I will be charged for any items returned "Account Closed".

Outstanding Checks and VISA Debit Card Pre-Authorized Transactions:

Item _____	Amount _____
Item _____	Amount _____
Item _____	Amount _____

Reason for closing: _____

All remaining funds will be mailed in the form of a check to the address of record on the effective date noted above.

Member Signature Date

Joint Member Signature Date

<u>Credit Union Use Only</u>
Final Closing Date: _____
Teller # _____
Check # _____
Online Banking _____