

REQUEST TO CLOSE ACCOUNT

The Following Items Must Be Completed Prior to Closing Account

- All Balances on Loans and Visa Card must be paid in full
- Direct Deposit must be discontinued
- Automated Deposits and Withdrawals must be discontinued Safe Deposit Box must either be closed or set up on another account for annual payment

Member Name: _____ **Account Number:** _____

To Be Completed By Member:

Please List Any Outstanding Items (include checks, withdrawals, ACH debits, etc.)

Item _____	Item _____	Item _____
Item _____	Item _____	Item _____
Item _____	Item _____	Item _____

Do you have an ATM and/or Debit Card? Yes No Date Last Used: _____

Please list any outstanding ATM/Debit Card items

Item _____	Item _____	Item _____
Item _____	Item _____	Item _____
Item _____	Item _____	Item _____

Please tell us why you are closing your account

I am requesting that the above account be closed. The items listed are the only outstanding items on my account. I understand that any items not listed will be returned "account closed." Should any of these items overdraw my account, I agree to pay all monies owed.

Member Signature: _____ **Date:** _____

To Be Completed By Employee

Employee Name _____	Date _____
Date Account Opened _____	
Closing Balance _____	In-House Payroll Deleted (Yes) (N/A) _____
Fee Charged _____	Account Card Placed in Closed Account Box _____
Disbursed: Cash _____	Safe Deposit Box Closed or set up on other account _____
Check Num. _____	Loan File Pulled _____