



Account Closure Request

Account: _____

Date: _____

I certify that all checks have cleared the account to be closed as well as all direct deposits and automatic payments have been stopped.

Name: _____

Signature: _____

For Office Use:

ID Description: _____

ID Imaged Y/N

Address Verified Y/N

E-statement Cancelled Y/N

ATM/Debit/Credit Card Captured Y/N

Home banking Frozen Y/N

Teller: _____

Member Services: _____

This form and the member's ID are to be imaged to the account record.