



CLOSE OUT CHECKING ACCOUNT FORM

1325 Oxford Drive • Allentown, PA 18103
(610) 791-2464 • Fax (610) 791-2900

ACCOUNT NO. _____ -07 _____ DATE _____
Please **PRINT PRIME** Member's Name

PAY TO MYSELF ONLY AND CHARGE TO MY ACCOUNT \$ _____.

I HEREBY ACKNOWLEDGE RECEIPT OF THE AMOUNT REMAINING IN THE ACCOUNT LISTED ABOVE.

Signature of Member

CREDIT UNION USE ONLY

Teller please verifies:

MasterCard has no balance _____, turn in cards.

Visa/Check Card _____, cancel card.

Electronic Bill Pay _____, have member sign cancellation form.

Please close account slot

Payrolls have been stopped _____.

07 _____

ATM withdrawals have all been posted _____.

POS transactions are posted _____.

Teller Initial _____