



# CLOSE OUT SHARE SAVINGS FORM

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

ACCOUNT NO. \_\_\_\_\_ 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.

Payrolls have been stopped \_\_\_\_\_.

ATM withdrawals have all been posted \_\_\_\_\_.

POS transactions are posted \_\_\_\_\_.

Fax close account form to loan department to close PSL & HE \_\_\_\_\_.

Please close account slot

01 \_\_\_\_ 07 \_\_\_\_

08 \_\_\_\_ 09 \_\_\_\_

Teller Initial \_\_\_\_\_