



# CLOSED ACCOUNT FORM

1325 Oxford Drive • Allentown, PA 18103

(610) 791-2376 • Fax (610) 791-2900

Account #: \_\_\_\_\_

Primary Members Name: \_\_\_\_\_ Date: \_\_\_\_\_

Closing: Savings\_\_\_\_ Checking\_\_\_\_ Vacation\_\_\_\_ Christmas\_\_\_\_

PAY TO MYSELF AND CHARGE TO MY ACCOUNT \$\_\_\_\_\_

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

\_\_\_\_\_

Signature of Member

- THIS FORM CAN BE BROUGHT INTO ANY OFFICE, MAILED, FAXED OR EMAILED
- IF MAILED, FAXED OR EMAILED YOU WILL NEED TO HAVE THIS FORM NOTARIZED AND ATTACH A COPY OF YOUR PHOTO ID

### CREDIT UNION USE ONLY

Teller please verifies:

- \_\_\_\_\_ Mastercard has no balance & cards are turned in
- \_\_\_\_\_ Member signed Mastercard cancelation form
- \_\_\_\_\_ Member signed Electronic Bill Pay cancelation form (must keep \$5 in Account for prev. month)
- \_\_\_\_\_ Stopped payroll (must wait 1 pay period to close account)
- \_\_\_\_\_ POS transactions are posted
- \_\_\_\_\_ Call loan dept. to close PSL & HE

Had Visa/Check Card (circle one) YES or NO

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