



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 _____