

Closed Account Form

Member Name _____ Date _____

Member Number _____

Member Signature _____

Account Type (circle all that apply) 01 02 03 04 05 06 10 75 76 77 78

Please indicate reason for closing:

Member Service Use Only:

- ___ 1.) If the member has a MasterCard verify with the loan department that it is closed or has a zero balance.
- ___ 2.) Verify all loans have been paid off and the account is in good standing.
- ___ 3.) Verify the member does not have outstanding items including debit cards charges, outstanding checks as well as ach debits or credits, unless the account is being closed due to fraud.
- ___ 4.) If the member has direct deposit/payroll deduction verify the correct forms have been completed and mailed or the member has been notified to contact their payroll department.
- ___ 5.) Member e-file moved to closed account folder.

Member Service Representative Initials _____ Date _____