



Close Share Account Request

DATE:	ACCOUNT #:
NAME:	LAST 4 OF SOCIAL SECURITY #:
HOME PHONE #:	CELL PHONE #:
FORWARDING STREET ADDRESS:	
CITY, STATE AND ZIP	

Reason(s) for closing account (check all *that apply*):

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> LOCATIONS | <input type="checkbox"/> SERVICE | <input type="checkbox"/> PRODUCTS |
| <input type="checkbox"/> RATES (<i>Loans, CDs, and/or MasterCard</i>) | <input type="checkbox"/> FEES | <input type="checkbox"/> MOVING |
| <input type="checkbox"/> CONSOLIDATING ACCOUNTS | <input type="checkbox"/> DECEASED | <input type="checkbox"/> DON'T USE |
| <input type="checkbox"/> FAMILY EMERGENCY | <input type="checkbox"/> ONLINE BANKING ISSUES (<i>Please Explain</i>) | |
| <input type="checkbox"/> OTHER _____ | | |

Please share any comment(s) you may have: _____

MEMBER SIGNATURE: _____

▼ *The below section to be completed by Member Service or Management* ▼

Account cannot be closed if any of the below listed items are checked.

- | | | |
|-------------------|--|--|
| DOES MEMBER HAVE: | <input type="checkbox"/> CREDIT MASTERCARD | <input type="checkbox"/> DIRECT DEPOSIT |
| | <input type="checkbox"/> DEBIT MASTERCARD | <input type="checkbox"/> PAYROLL DEDUCTION |
| | <input type="checkbox"/> SAFE DEPOSIT BOX | <input type="checkbox"/> TARGET SOURCES |
| | <input type="checkbox"/> LOAN TITLES | <input type="checkbox"/> ACH ACCOUNT(S) |

(Please Print) Employee Name

Date

Employee Signature