



# 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 (Loans, CDs, and/or MasterCard) | <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 (Please Explain) |                                    |
| <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 ▼

OFAC completed and attached for beneficiary receiving the funds

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

- DOES MEMBER HAVE:
- |                                               |                                            |
|-----------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> BILL PAYMENT ACCOUNT | <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                                      Date