



1980 W. Broad Street  
 Columbus, OH 43223  
 Phone: 614-466-4988 / 800-434-7300 / Fax: 614-466-5118

**FAX OR MAIL COMPLETED FORM**

**REQUEST TO CLOSE ACCOUNT(S)**

I choose to close my account(s) on this date and hereby waive my rights to earned, but un-posted, dividends. (Dividends are posted monthly on the last day of the month.) I certify that there are no outstanding items and if there are, I have disclosed this and the needed funds will be left on deposit. I am responsible for any valid transactions that are outstanding and are presented for payment.

Account Number: \_\_\_\_\_ Suffix \_\_\_\_\_

Name: \_\_\_\_\_

Joint Member:  YES  No if YES, all joint members must sign below

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Member:**

- Be sure to: Contact your payroll department and stop any direct deposit or payroll deduction.
- Stop any automatic payments that may post to your account. You are responsible for the payment of these items should they attempt to clear.

Authorization to Close: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner: \_\_\_\_\_ Date: \_\_\_\_\_

**Primary Share Account cannot be closed if member has an open: VISA, IRA, LOAN, or CHECKING.**

***OFFICE USE ONLY***

Checked for additional services:	YES	NO
PULL SIGNATURE CARD FILE		N/A
PULL MEMBER FILE		N/A
IRA		
VISA		
LOAN		
CHECKING		
DEBIT/ATM CARD		
IS STMT CYCLE 70? CONTACT COMPUTER OPERATOR		

Date Closed: \_\_\_\_\_ Teller # & Signature \_\_\_\_\_