



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. Your account can not be closed until stopped.**
- **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: _____

In order to better serve our member's please indicate the reason for the account being closed.

_____ Not convenient _____ Better Rate elsewhere
 _____ Customer Service _____ Retired
 _____ Other (Please specify) Please note: Retirees are still eligible for membership

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 with DEBIT/ATM CARD		
Change stmt cycle to 03		

Date Closed: _____ Teller # & Signature _____