



CLOSED ACCOUNT CHECKLIST

Member # _____ Name _____

Reason for closing account / membership? _____

- 1. Please indicate type(s) of account(s) being closed:
- 2. Share Savings _____ Share Draft _____ Other _____
- 3. If any, have you cancelled your Direct Deposits or Payroll Deductions? Y N
- 4. Do you have a VISA Debit card or ATM card for your account? Y N
- ***If you answered yes, have all transactions posted to your account?***
- 5. Do you have any outstanding checks on your account? Y N
- 6. Do you have any Automated ClearingHouse (ACH) transactions authorized for your account? Y N
- ***If so, have you contacted all companies involved?***

By signing below I am authorizing Planites Credit Union to close my account(s), and I agree with the questions answered above.

Member's Signature _____ Date _____

FOR CREDIT UNION USE ONLY

- Pull membership file / account agreement.
 - ✓ Verify cancellation of P/R Deductions/Direct Deposit.
 - ✓ Cancel ATM/Debit card on STAR.
 - ✓ Notify Members United for closed checking accounts.

Completed by: _____ Date: _____