



Membership Closure Form

Member _____

Member # _____

Reason for Closing: _____

Member Signature _____

Date _____

CU Use Only:	PHH comment - Account can't be closed
<input type="checkbox"/>	Verify ID
<input type="checkbox"/>	Verify Address
<input type="checkbox"/>	Close Debit Card(s)
<input type="checkbox"/>	_____ Client Central
<input type="checkbox"/>	Loans- Zero Balance and Closed
<input type="checkbox"/>	ACH Origination/Distribution Cancelled & Submitted
<input type="checkbox"/>	Credit Card- Zero Balance and Closed
<input type="checkbox"/>	Member Rewards Tracking Removed
<input type="checkbox"/>	_____ Email Kirsten to remove points
<input type="checkbox"/>	_____ Email Renia to uncode
<input type="checkbox"/>	Share Accounts- Zero Balance and Closed
<input type="checkbox"/>	Funds Given to Member or Check Mailed
<input type="checkbox"/>	Input Reason For Closure Code
<input type="checkbox"/>	Membership Closed
<input type="checkbox"/>	Disable Online Banking
Employee Signature and Date	