

## Closed Account Form

Member Name \_\_\_\_\_ Date \_\_\_\_\_

Member Number \_\_\_\_\_

**Member Signature** \_\_\_\_\_

Account Type (circle all that apply) 01 02 03 04 05 06 10 75 76 77 78

Please indicate reason for closing:

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**Member Service Use Only:**

\_\_\_ 1.) If the member has a MasterCard verify with the loan department that it is closed or has a zero balance.

\_\_\_ 2.) Verify all loans have been paid off and the account is in good standing.

\_\_\_ 3.) Verify the members does not have outstanding items including debit cards charges, outstanding checks as well as ach debits or credits, unless the account is being closed due to fraud.

\_\_\_ 4.) If the member has a debit card print the 103 screen and fax it to FPP before it is deleted from the system.

\_\_\_ 5.) If the member has direct deposit/payroll deduction verify the correct forms have been completed and mailed or the member has been notified to contact their payroll department.

\_\_\_ 6.) Signature cards have been pulled, stamped with close date and placed in the closed account folder along with this form or the member's signature authorization to close the account.

Member Service Representative Initials \_\_\_\_\_ Date \_\_\_\_\_