



Account Closure

I have made sure that all checks and debit card purchases that have been recently made on the account have already cleared. I have stopped all automatic drafts coming out and/or going into the account. *All information below must be completed in order for an account closure to be processed.*

YOUR INFORMATION

Primary Member's Name _____
First Middle Last

Join Owner's Name _____
First Middle Last

Account # _____ Phone Number _____

CLOSURE INFORMATION

Accounts to be closed ☐ Savings ☐ Checkings

Do you have a VISA credit card with us? ☐ Yes ☐ No

Do you have a debit card with us? ☐ Yes ☐ No

Are you enrolled in payroll deduction? ☐ Yes ☐ No

Are you enrolled in direct deposit? ☐ Yes ☐ No

Please select the reason(s) for closing your account(s). This information will allow us to better serve our members:

☐ Distance to branch ☐ Holds on checks ☐ Loan(s) not approved

☐ Moving out of area ☐ Loan(s) paid ☐ Negative Experience

☐ Other _____

SIGNATURE

I certify that the above information is true and correct. By signing this form, you understand that any outstanding payments/deposits will be returned with the message "Account Closed." I understand and agree to these terms and discharge Olive View Federal Credit Union from future liability associated with this/these account(s).

Member's Signature

Date

*****FOR CREDIT UNION USE ONLY*****

Employee Initials: _____

Date: _____