

Close Account Form/Cerrar Cuenta

Name/Nombre:Accou	unt Number/Número de Cuenta:
Reason for closing the account/Razón por cual cierra la cuenta:	
Address/Dirección:	
Home Phone/Teléfono de Casa:Work P	Phone/Teléfono de Trabajo:
Delivery of Funds/Entrega de fondos: (check one) Mail Check to Address on File Transfer to (only Point West Accounts) Coming in Person Signature/Firma:	Date/Fecha:
Credit Union Use Only How Was the Form Received?	
In-Person: Valid ID Provided (Number and Expiration of ID): Phone Request: eDoc or DocuSign with Knowledge Base Access Au Mail/Email/Fax*: Matched signature to signature on file for member	thentication
*Verification for Forms Received via Mail/Email/Fax:	
Name of Member Confirming Request:	Phone Number Called:
Source of Phone Number:Date & Time of Call:	
ID Questions Asked:	
Items Completed:	
 □ ATM/Debit Card Closed □ Credit Card Closed in Service View □ All Shares Closed in Prodigy □ All Loans or Credit Cards Paid Off and Closed in Prodigy □ Bill Pay Deactivated □ Online Banking Disabled □ Email to ACH Department (if ACH Message Applies) □ Confirmed/Updated Phone Number & Address □ What steps were taken to keep membership? 	Date Completed Completed By (Name & Prodigy Teller #)