

OLIVE VIEW FEDERAL CREDIT UNION

REQUEST TO CLOSE ACCOUNT

Account Number: _____

Primary's Name: _____

Joint's Name: _____

PLEASE CIRCLE ONE OF THE FOLLOWING:

- | | | | |
|---|---------|----------|------|
| 1. What type of account are you closing? | Savings | Checking | Both |
| 2. Do you have a VISA Credit Card with us? | Yes | No | |
| 3. Do you have a Debit Card with us? | Yes | No | |
| 4. Do you have a ATM Card with us? | Yes | No | |
| 5. Do you have Payroll Deduction coming in? | Yes | No | |
| 6. Do you have Direct Deposit coming in? | Yes | No | |
| 7. Are you signed up for Online Banking? | Yes | No | |
| 8. Reason for Closing the Account: | _____ | | |

By signing this form, you understand that any outstanding payments/deposits will be returned with the message "Account Closed."

Member's Signature X _____ **Date:** _____

Joint's Signature X _____ **Date:** _____

Teller Initials _____ Date _____