

**First Abilene Federal Credit Union
Closed Account Affidavit**

Name _____ Account # _____

_____ **Please close my share (savings) account.**

_____ **Please close my: Christmas (05) _____ Special (06) _____ Money market (07) _____ Other _____**

_____ **Please close my share draft (checking) account.** I understand any outstanding checks will be returned unpaid with a reason of account closed.

_____ **Forwarding Address.** If different from current address, *must complete an address change form* to receive your final statement and/or year-end tax information.

My account has been reviewed and the following items have been cancelled, returned or stopped.

_____ **Credit Union MasterCard.** *Must have a loan officer approval to proceed with closing the account!*

_____ **Debit Card(s)** _____ Card(s) Returned _____ Card(s) Lost

Debit Card/ATM Transactions:

Have any debit card transactions posted to the account in the last 3 days?

_____ No _____ If yes, *requires a supervisor approval to close.*

When was the last time the card was used? _____

Has that transaction cleared the account? _____

Last time you used your card to make an online purchase? _____

Anything ordered or back-ordered that will bill when shipped? _____

Does your Internet Service Provider bill your card? _____

Was the card used for payment for any subscriptions or monthly charges? _____

List of recurring or pending transactions _____

_____ **EFT Drafts.** These must be stopped or redirected with the originating company.

_____ **Payroll Deduction from participating employer.** *Must sign stop deduction form at the credit union!*

_____ **ACH Origination.** (Automatic drafts originated by the credit union.) *Must sign a delete request.*

_____ **Direct Deposit.** Must stop or redirect with employer. The credit union will not accept a direct deposit on a closed account.

Why are you closing the account? _____

I understand that it is my responsibility to inform First Abilene Federal Credit Union of any outstanding items that may attempt to clear on the above referenced account. It is also my responsibility to stop any re-occurring EFT drafts or authorized debit card transactions upon the closure of this account. If any authorized debit card or ATM card transactions occur on this account after closure, I am responsible for the amounts due. Payment must be made immediately or First Abilene Federal Credit Union will pursue all available forms of collection.

Member Signature _____

Date _____

Rev 01/08

Credit Union Use Only

To be completed by closing teller		
Affidavit worked by	_____	
Withdraw funds and close suffix	Date_____	By_____
Signature Card Pulled	Date_____	By_____
Signature Card Attached	Date_____	By_____
Debit Card Closed in FLEX	Date_____	By_____

To be completed by teller working closed accounts		
Signature Card Requested	Date_____	By_____
Signature Card filed	Date_____	By_____
Debit Card Closed in Co-Op	Date_____	By_____
Debit Card Deleted in Co-Op	Date_____	By_____
Affidavit completed and filed	Date_____	By_____

