



ACKNOWLEDGMENT OF SERVICES TO CLOSE ACCOUNT BY MAIL

Closing an account does not stop Bill Pay. Home Banking transfers will not carry over to a new account. Check the following services you use at the Credit Union under account _____. **Also include a copy of your driver's license.**

- | | |
|-------------------------------------|-----------------------------------------------------|
| _____ 1. Home Banking | _____ 12. Payroll Deductions |
| _____ 2. Bill Pay | _____ 13. Individual Retirement Account (IRA) |
| _____ 3. Home Banking transfers | _____ 14. Christmas Club Account |
| _____ 4. ATM / Pulse Card | _____ 15. Dreaded Disease Insurance |
| _____ 5. MasterCard | _____ 16. Accidental Insurance |
| _____ 6. Safe Deposit Box | _____ 17. Visa Checks Card (Debit Card) |
| _____ 7. Share Draft Account | _____ 18. TellerLine Cross Account Transfer |
| _____ 8. Term Share Certificates | _____ 19. Line of Credit Loan Advance |
| _____ 9. Direct Deposits | _____ 20. Overdraft Protection from another Account |
| _____ 10. Automatic Debits | |
| _____ 11. Loans-List Types of Loans | |
| a. _____ | b. _____ |
| c. _____ | d. _____ |

I acknowledge that I have notified the Credit Union of all services used under account _____ releasing the Credit Union from liability which may occur from non-notification by me.

Signature Date

SIGNED and SWORN TO in the above-stated State and County/Parish, and before the duly authorized Notary Public shown below, on this the ____ day of _____, 20____.

Signature of Notary Public

Signature of Member

Typed /Printed Name of Notary Public

Typed/ Printed Name of Member

Date Commission Expires: _____

(SEAL)