



Authorization to Close Account

Name: _____ Account Number: _____

Close ALL Accounts _____ Close _____ account only (S1.1, S2, S8, S9, etc)

Date of Last VISA CHECK CARD / ATM Transaction _____

NOTE: VISA CHECK CARD / ATM will be CANCELLED

Please read the following statements and initial in the blanks:

- _____ There are no outstanding checks drawn against my account.
 - _____ There are no outstanding Student Loans on the account.
 - _____ There are no outstanding Credit Cards on the account.
 - _____ There are no Mortgage Loans on the account.
 - _____ I understand my account will be assessed a \$5.00 service charge if the closure date is within six (6) months of the date my account was opened.
 - _____ I understand that if I have a safe deposit box I will have to close the box and surrender both keys.
 - _____ I understand if I am no longer in the field of membership, I *may not* be eligible to re-open this account.
- It is also my responsibility to stop all Direct Deposits and automatic drafts associated with this account.
If checks are presented against my account after it has been closed, Greater Texas Federal Credit Union reserves the right to return any or all of these checks.

Forwarding Address: _____ REASON: _____

_____ Telephone () _____

Signature of Member: _____ Date: _____

TO BE COMPLETED BY CREDIT UNION STAFF ONLY

- _____ VISA Check Card / ATM (Contact card services to CANCEL IMMEDIATELY)
- _____ Loans (includes LOC, Signature, Secured, Auto, Student, Home Equity, or Mortgage etc.)
Contact Loan Department IMMEDIATELY
- _____ VISA Credit Card (balance must be **zero** or S1 must remain \$5.00)
- _____ Check "00, Diary Memos" for outstanding checks, fees or charge-off information
- _____ Close out Bill Pay account within Allied System
- _____ Delete GTCall/GTNet Pin

Identification: _____ Closing balance: _____

Cash to mbr _____ Cashier's Ck to mbr _____ Transfer to acct# _____

Employee Signature and Operator # _____