



Membership Close-Out Form

Account Number: _____

Address: Check if this is a new address

Phone Number: _____

Email Address: _____

If this form is not signed in the presence of a Raritan Bay FCU Member Service Representative, your signature MUST be Notarized.

Member Name

Member Signature

Date

Notary Seal

Joint Member Name

Joint Member Signature

Date

Name of Notary: _____

Signature of Notary: _____

Date: _____

For Credit Union Use Only:

No Visa Balances

Card # _____ - _____ - _____ - _____

Retained ATM/Debit Card

Card # _____ - _____ - _____ - _____

No Outstanding Checks

Closed Out HFS/Bill Pay

Made Address Changes (If any)

Reason for Closing Account: _____

Type of Account Closed: _____ Balance at time of closing: \$ _____

Type of Account Closed: _____ Balance at time of closing: \$ _____

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Type of Account Closed: _____ Balance at time of closing: \$ _____

How it was Closed : Lobby/Mail Date Account Opened: ____/____/____ Date & Time Closed: ____/____/____
(Circle One)

Employee Name: _____ Office: _____

Send Copy of this form to:

- Plastic Card Department (When necessary to close ATM/Debit/Visa Cards)
- Loan Department (When necessary to close any Loans)
- Marketing Department
- Branch account is coded for (Only when a change of address is made)