



Membership Close-Out Form

Member Number: _____

Address: Check if this is a new address

Phone Number: _____

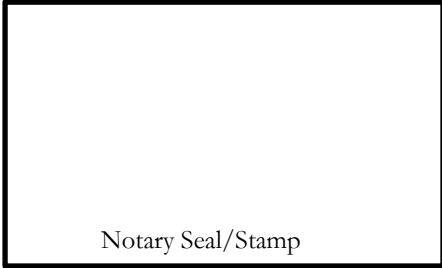
E-mail Address: _____

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

Member Name

Member Signature

Date



Joint Member Name

Name of Notary: _____

Signature: _____

Date: _____

Joint Member Signature

Date

For Credit Union Use Only:

Reason for Member Closing Account: _____

Types of Account Closed:

_____	Balance at time of closing: \$	_____
_____	Balance at time of closing: \$	_____
_____	Balance at time of closing: \$	_____
_____	Balance at time of closing: \$	_____
_____	Balance at time of closing: \$	_____

How was Account Closed? Lobby / Mail Date Opened: ___/___/___ Date Closed: ___/___/___
(Circle One)

Employee Name: _____ Office: _____

- | | |
|--|--|
| <input type="checkbox"/> Verify no outstanding checks | <input type="checkbox"/> Block Re-Orders in Harland Clarke / Main Street |
| <input type="checkbox"/> Verify no Visa Credit Card Balance(s) | <input type="checkbox"/> Complete Visa Close Out Form (if necessary) |
| <input type="checkbox"/> Made any address changes (if necessary) | <input type="checkbox"/> Verify no ACH payments on recently closed loan |
| <input type="checkbox"/> Verify no negative balance(s) | <input type="checkbox"/> Close Debit Card(s) |
| <input type="checkbox"/> Close out Online Banking | <input type="checkbox"/> Close Partner Care (for Bill Pay) |

Send Copy of this form to:

- Marketing & Accounting Departments
- Plastic Card Department (if a debit or credit card was closed)
- Branch Account is Coded for (ONLY if a change of address was made at closing)