

# ACCOUNT CLOSURE FORM

<b>Date</b>	<b>Member Number</b>	<b>Name</b>
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### Section A: Accounts to Close (please mark all that apply)

To close a Heartland account you must be listed as the primary owner of the account.

- All Accounts (By taking this action I understand that I may not be within the Heartland field of membership in the future should I wish to re-establish an account with Heartland Credit Union.)
- Single Accounts (List the accounts you would like closed, if not closing all accounts. I understand that I must keep my Heartland membership savings account open to remain a Heartland member.)

Account Number: _____	Account Number: _____
Account Number: _____	Account Number: _____
Account Number: _____	Account Number: _____
Account Number: _____	Account Number: _____

### Section B: Additional Related Accounts (please mark all that apply)

I currently have the following related accounts that I'd like closed. Please check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Debit/ATM Card   | <input type="checkbox"/> Visa Credit Card                       |
| <input type="checkbox"/> Direct Deposit, ACH and Automatic Payments<br>(payroll, social security funds, loan payments etc.) | <input type="checkbox"/> Online Banking (including eStatements) |
| <input type="checkbox"/> Online Bill Pay  | <input type="checkbox"/> Loans (including Ready Cash Plus)      |

### Section C: Reason(s) for Closing

The reason(s) for closing my account(s) is (please check all that apply):

- Moved out of the area
- Account no longer needed
- Transferred funds to another Heartland account
- Service (We encourage you to describe the service concerns you have. We work hard to maintain high levels of service and your comments will help us ensure that level of service is being demonstrated across the organization.)

\_\_\_\_\_

\_\_\_\_\_

- Decline to answer
- Other \_\_\_\_\_

\_\_\_\_\_

### Section D: Signature (required)

By signing below, I authorize Heartland to close the accounts listed above. I also understand that if there is a credit card, loan or line of credit associated with this account those must be paid in full before my membership (regular savings account) can be closed.

Member Name (please print) \_\_\_\_\_

Member Signature \_\_\_\_\_

OFFICE USE ONLY		
Date Completed	Teller #	Verified By