SOUTH
FLOR DA FCU
A DIVISION OF GUARDIANS CREDIT UNION

ACCOUNT CLOSURE FORM

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Member Account Number: _____ **SSN:** _____

☐ Share   ☐ Checking   ☐ Christmas   ☐ MMK   ☐ Vacation

☐ IRA   ☐ CD**   ☐ Mastercard

**Close my CD#_____ and transfer the funds to my savings/checking account.

**Open a new CD for a _____term in the amount of $_____.

Reason for closing account(s)

_____

_____   _____
Member Signature   **Date**

****

<u>OFFICE USE ONLY</u>

☐ Flagged Acct Closed   ☐ Canceled Debit/ATM   ☐ Debit Transactions Cleared

☐ Removed Flags   ☐ Checks Cleared   ☐ Closed Other Suffixes

☐ Removed Memos   ☐ Closed Safe Deposit Box   ☐ Loans/ MasterCard Paid Off

☐ Disable Virtual branch   ☐ Run Bridger for Beneficiary ☐ Enter in byteTracker

☐ Disabled Bill Pay (Accounting) ☐ Copy of Driver's License   ☐ Print All Main

_____   _____
Employee Signature   **Date**

_____   _____
Employee Signature   **Date**