



Account Closure Checklist

Member Name _____

Member Number _____

Member Social Security Number _____

Do you have an ongoing direct deposit/payroll deduction ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, have you instructed the company to stop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any authorized holds (difference between balance and available balance)? <i>If so, your account will be closed once this item clears.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any outstanding checks (checks that you wrote but have not been cashed yet)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any ACH drafts (automatic drafts from your account to another company)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a loan that is still open ? <i>If so, we cannot close your account until the loan is paid off.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you called us recently and are waiting on a call back ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have Courtesy Pay ? <i>If so, we cannot close your account if you owe on your Courtesy Pay.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have a Safe Deposit Box ? <i>We may need you to come in to close your account.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If so, what number?	_____	
Are you a joint member on another account?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have BillPay ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have an ATM/Debit card ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any ACH Originations ?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please provide us with a **phone number and/or email address** so we can contact you in case we have any questions about your account.

Phone Number

Email Address

To better serve our members in the future, please let us know **why you are closing your account**.

Do you have any **suggestions** for us? **Optional*

Signature _____

Date _____

This credit union is federally insured by the National Credit Union Administration and is an Equal Housing Lender.

Mail or deliver to:

4480 Rosewood Dr • Columbia, SC 29209 | 710 Pulaski Street • Columbia, SC 29209
University of South Carolina Upstate, Health Education Complex, Room 3000 • Spartanburg, SC 29303

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