



ACCOUNT CLOSING REQUEST

MEMBER NUMBER _____ CHECKING ACCOUNT No. _____

PRIMARY MEMBER

NAME: _____ S.S.#: _____

ADDRESS: _____ CITY & STATE: _____

ZIP CODE: _____ PHONE: _____ EMAIL: _____

JOINT MEMBER

NAME: _____ S.S.#: _____

ADDRESS: _____ CITY & STATE: _____

ZIP CODE: _____ PHONE: _____ EMAIL: _____

REASON FOR CLOSING

- | | |
|--|---|
| <input type="checkbox"/> INCONVENIENT LOCATION | <input type="checkbox"/> NO LONGER NEEDED/INACTIVE ACCOUNT |
| <input type="checkbox"/> INCONVENIENT HOURS | <input type="checkbox"/> MOVING/MOVED OUT OF TOWN |
| <input type="checkbox"/> PERSONAL REASONS/OTHER
PLEASE EXPLAIN BELOW: | <input type="checkbox"/> DISSATISFIED WITH SERVICES/PRODUCTS
PLEASE EXPLAIN BELOW: |

PLEASE PROVIDE EXPLICIT INSTRUCTIONS AS WHERE TO SEND THE REMAINING BALANCE IN THE ACCOUNT (*):

IF YOU HAVE ANY TYPE OF LOAN INCLUDING A BOND CREDIT CARD, WE WILL BE UNABLE TO CLOSE YOUR ACCOUNT UNTIL THE OUTSTANDING BALANCE IS PAID OFF IN FULL.

(*) PLEASE BE AWARE OF POSSIBLE CHARGES THAT MAY APPLY.

SIGNATURE & DATE

B.O.N.D. REPRESENTATIVE