



**Primary Account Owner's Information**

Name (First, Middle, Last)				Discovery Account Number	
Mailing Address	Apt. No.	City	State	Zip	

**Signatures**

By signing below, you the primary account owner and/or joint owner request Discovery Federal Credit Union to close the account referenced on this form and accept responsibility for any and all transactions that clear the account after the account is closed. The account owner and all joint owner(s) must cancel all recurring transactions and ensure that all transactions have cleared before requesting Discovery Federal Credit Union to close this account. In the event a transaction comes through after the account is closed, the primary account owner and joint owner(s) will be responsible for any negative balances.

Signature of Primary or Joint Account Owner	Date
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**FOR CREDIT UNION USE ONLY**

Valid Driver's License #	Date Closed	Total Funds Disbursed
Was the D.L. Scanned? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Employee Closing Account	Supervisor's Signature	

**Verify Account Redemption Attempt**

Yes, I tried to retain the account by indicating the appropriate Discovery product/services I felt may meet the member's needs.

No, the account was closed through the mail, e-mail or another method that did not include the opportunity to talk one-on-one with the member.

**Closed Reason**

Chargeoff     Consolidated Accts Outside DFCU     Consolidated DFCU Accounts     DFCU does not offer Requested Services

Deceased     Dissatisfied with Fees     Dissatisfied with Services     Dormant     Location/Convenience     NSF

No Initial Deposit     Other     Rejected Loan/Delinquency     Returned Mail

**Closed SAVINGS Account Checklist**

Check the following BEFORE disbursing funds:

Does the member have any open loans? <input type="checkbox"/> No <input type="checkbox"/> Yes (you cannot close the account without all loans paid in full)	Employee Initials_____
Does the member have a VISA Credit Card? <input type="checkbox"/> No <input type="checkbox"/> Yes Date Closed _____	Employee Initials_____
Does the member have an open checking account? <input type="checkbox"/> No <input type="checkbox"/> Yes (close checking account request form must be completed)	Employee Initials_____
Does the member have an open line of credit (HELOC or PSL)? <input type="checkbox"/> No <input type="checkbox"/> Yes (give to lending to remove credit limit and open flag)	Employee Initials_____
Was the account opened less than six months? <input type="checkbox"/> No <input type="checkbox"/> Yes (charge the applicable fee before disbursing funds)	Employee Initials_____
Is the member deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes (death notification form must be completed)	Employee Initials_____
Was the member notified recurring debits or credits/payrolls will be returned? <input type="checkbox"/> No <input type="checkbox"/> Yes	Employee Initials_____
Did the member give you a reason why the account was closed? <input type="checkbox"/> No <input type="checkbox"/> Yes (the reason must be entered in Keystone)	Employee Initials_____
Does the member have a Discovery Online Account? <input type="checkbox"/> No <input type="checkbox"/> Yes Date Deleted on HomeCU _____	Employee Initials_____
Does the member have e-statements? <input type="checkbox"/> No <input type="checkbox"/> Yes Date Deleted on I.D. Platform Admin _____	Employee Initials_____