



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	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 Intial Deposit

Rejected Loan/Delinquency Returned Mail Other _____

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 dispersing funds)	Employee Initials_____
Is the member deceased? <input type="checkbox"/> No <input type="checkbox"/> Yes (death notification interaction 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 Online Banking? <input type="checkbox"/> No <input type="checkbox"/> Yes Date locked in Bankjoy Admin/Keystone _____	Employee Initials_____
Does the member have e-statements? <input type="checkbox"/> No <input type="checkbox"/> Yes Date Changed to "All by Paper" in XDI _____	Employee Initials_____