PATENT & TRADEMARK OFFICE FEDERAL CREDIT UNION



PRIMARY SHARE AND/OR CHECKING ACCOUNT CLOSING NOTIFICATION FORM

Please read carefully:

This form is authorization to have Patent & Trademark Office Federal Credit Union close your **Share and/or Checking account**. Be sure to sign at the bottom when complete and mail, fax or hand-deliver to the Credit Union If you mail or fax the request, you must hand sign this form and send a photo copy of your driver's license or other photo identification bearing your signature. All loans and PTO FCU Visa Credit Cards must be paid in full, payroll deductions and direct deposits stopped and checks cleared (if you have a checking/share draft account) before your account can be closed.

account, before y	our account our	1 DO 010000.			
FULL					
NAME					
MAILING ADDRESS ON FILE AT CU					
CURRENT MAILING ADDRESS					
MEMBER ACCOUN	T NUMBER			CLOSE CHECK	KING ONLY
	hecking accoun	•	s have cleared r	my account. Yo	ou may close my
	se my checking a g drafts below.)	account until th	ne following draf	ts have cleare	d. (List all
Draft #	Amount	Draft #	Amount	Draft #	Amount
	\$		\$		\$
	\$		\$		\$
	\$		\$		\$
LINE OF CREDIT					
l would	like to close my	Line of Credit	(Line of Credit r	nust be paid in	full.)
Payroll					
If you are current days before closi			•		it 10 business
I have s	igned a stop for	m for payroll d	eduction.		

DEBIT / ATM CARD

If a Visa Debit / ATM card is open, you must wait to before closing the account, unless you are leaving	•							
The Debit / ATM card(s) issued to this account have been destroyed or turned in and is no longer in my possession.								
I would like to continue to use the ATM card(s) for my Share account.								
SHARE SAVINGS ACCOUNT								
Close immediately providing all the above criteria is met. The primary and joint members can close a Share account.								
Please check one:								
Transfer the funds to another account at the PTOFCU; account #								
Mail a check for the balance to me directly at current address								
If you have any questions, please contact us at (571) 272-0350 or info@ptofcu.org.								
Sign (Hand signature required if mailing or faxing)	Date							
Mailing Address & Office Location:	FAX: 571-273-0190							
Patent & Trademark Office Federal Credit Union 501 Dulany Street, 1 st Floor Alexandria, VA 22314	Office : 571-272-0350							

Credit Union Use Only

Date Received	Date Completed	Staff Initial	Share √	Checking√	Visa√	LOC√	DEBIT/ ATM√