

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.

**FULL
NAME** _____

**MAILING ADDRESS
ON FILE AT CU** _____

**CURRENT MAILING
ADDRESS** _____

MEMBER ACCOUNT NUMBER _____ **CLOSE CHECKING ONLY** _____

_____ Close my checking account. All my drafts have cleared my account. You may close my checking account immediately.

_____ Do not close my checking account until the following drafts have cleared. (List all outstanding drafts below.)

Draft #	Amount	Draft #	Amount	Draft #	Amount
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____	_____	\$ _____

LINE OF CREDIT

_____ I would like to close my Line of Credit (Line of Credit must be paid in full.)

PAYROLL

If you are currently on payroll deduction, you must stop the deduction and wait 10 business days before closing the account, unless you are leaving Share savings open.

_____ I have signed a stop form for payroll deduction.

