AUTHORIZATION TO CLOSE A BUSINESS ACCOUNT

PSECU • P.O. BOX 67013 • HARRISBURG, PA 17106

Any checks presented for payment after the account is closed will be returned as unpaid. In addition, any direct deposits received will not be credited, but returned to the source. All owners must sign and date this form. Complete the following information and fax to 717.720.1105 or mail to:

PSECU • P.O. BOX 67013 • HARRISBURG, PA 17106

BUSINESS ACCOUNT NUMBER

BUSINESS NAME

BUSINESS ADDRESS

CITY

STATE

ZIP

( )

BUSINESS TELEPHONE NUMBER

( )

HOME TELEPHONE NUMBER (Sole proprietor)

NEW ADDRESS BUT HAVE NOT NOTIFIED US OF THAT CHANGE?
Do not submit this form until you have contacted us with your new address. Call 800.237.7328 or update your address in online banking.

DISBURSE REMAINING ACCOUNT FUNDS (check one):

☐ Check (mail to address listed above)

NOTE: Check will be made out in the name of the business. Checks will not be written payable to any signer on the account unless the account is a sole proprietorship.

☐ Deposit to PSECU Account #

☐ S1 ☐ S4 or ☐ S7

(Sole proprietor only - Transfers cannot be performed on Corporations or LLCs)

SIGNATURES - All owners must sign and date this form to close the account.

By signing below, I/we understand that I/we am/are authorizing PSECU to remove all services, including Business Visa®, from this account. I/We further understand that withdrawal from PSECU business membership does not release me/us from any remaining liability I/we may owe the credit union or affect any personal membership I/we may continue to have with PSECU.

OWNER’S SIGNATURE

DATE

OWNER’S SIGNATURE

DATE

OWNER’S SIGNATURE

DATE

THIS CREDIT UNION IS FEDERALLY INSURED BY THE NATIONAL CREDIT UNION ADMINISTRATION. EQUAL OPPORTUNITY LENDER.

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