



AUTHORIZATION TO CLOSE CHECKING SERVICES

This form should be used if you want to **close ONLY checking services**. To close your membership account with PSECU, please complete an "Authorization to Close Account" form. You can download this form from psecu.com/forms.

MEMBER NAME	ACCOUNT NUMBER
JOINT OWNER NAME (if applicable)	
ADDRESS	DAYTIME PHONE NUMBER

IMPORTANT INFORMATION

- Once Your Checking Account is Closed:**
- Any checks presented for payment will be returned unpaid.
 - Any direct deposits or direct debits received that use the checking account number will not post to the account, but will be returned to the source. The checking account number is the 10-digit number that appears on the bottom of your checks that begins with "045" or "7."
 - Please destroy all of your unused checks for this account.

REQUIRED INFORMATION

Please make a selection under each category.

DEBIT CARD: (check one box only)

- ☐ I/We do not have a debit card(s) for this account.
- ☐ Continue using debit card(s) on this account.
- ☐ Cancel debit card(s) on this account.

BILL PAYER SERVICE: (check one box only)

- ☐ I/We do not have bill payer service on this account.
- ☐ Continue bill payer service on this account.
- ☐ Cancel bill payer service on this account.

CHECKING ACCOUNT: (check one box only)

Open New Checking Account?

- ☐ Yes
- ☐ No

Do You Want Checks for the New Account?

- ☐ Yes
- ☐ No

IMPORTANT: If you would like to make changes to your check order, please contact PSECU for further assistance.

IF YOU DO NOT MAKE A SELECTION, WE WILL AUTOMATICALLY CLOSE SERVICE(S).

SIGNATURES

I/We certify all written checks have cleared my/our checking account before submitting this form to Pennsylvania State Employees Credit Union (PSECU). I/We have canceled all direct deposits (including payroll) or direct debits (including payroll deductions) with the appropriate company before submitting this form to PSECU.

SIGNATURE	DATE
JOINT OWNER'S SIGNATURE (if applicable)	DATE

OFFICE USE ONLY

Teller#: _____ Date: _____ Old Draft Lookup #: _____ New Draft Lookup # (if applicable): _____

Mail or fax completed application to:
P.O. BOX 67013, HARRISBURG, PA 17106-7013 • FAX 717.720.1105