



AUTHORIZATION TO CLOSE ACCOUNT

Any checks presented for payment after your account is closed will be returned as unpaid. In addition, any direct deposits received will not be credited, but returned to the source. Payroll deductions must be stopped before the account is closed. You must fax or mail this completed form **along with a copy of your driver's license or state-/government-issued photo ID**. Complete the following information and fax to **717.720.1105**, mail to **PSECU, P.O. Box 67013, Harrisburg, PA 17106, Attn: Checking Department**, or email to **CheckingDept@psecu.com**.

MEMBER NUMBER OF ACCOUNT TO BE CLOSED _____

PRIMARY MEMBER NAME _____

JOINT OWNER/TRUSTEE/CUSTODIAN/EXECUTOR/REP PAYEE (IF APPLICABLE) _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

(_____) _____
HOME TELEPHONE NUMBER

(_____) _____
WORK TELEPHONE NUMBER



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 digital banking.

DISBURSE REMAINING ACCOUNT FUNDS

CHECK ONE:

- Deposit to the Regular share of another PSECU Account. Account Number _____
- By check sent to address listed above and made payable based on the specific account type.

Note: The check will be made payable to the Member, Custodian, Trust, or the Estate.

NOTE: ALL CERTIFICATES WILL BE MOVED AS IS (SAME TERM AND MATURITY) TO THE ABOVE PSECU MEMBER NUMBER.

SIGNATURES

NOTE: Only the primary owner, trustee, custodian, executor, or rep payee (if applicable) is required to sign and date this form to close the account. Joint owners are not required to sign for general membership accounts, but for other account types an additional signature may be needed.

By signing below, I/we understand that I am/we are authorizing Pennsylvania State Employees Credit Union (PSECU) to remove all services, including Visa® lines of credit, from this account. I/we further understand that withdrawal from PSECU membership does not release me/us from any remaining liability I/we may owe the credit union.

OWNER/TRUSTEE/CUSTODIAN/EXECUTOR/REP PAYEE SIGNATURE _____

DATE _____

TRUSTEE/ORGANIZATIONAL ACCOUNT HOLDER SIGNATURE _____
(if applicable)

DATE _____