

<b>Name</b>	<b>Member #:</b>
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Please check the box that pertains to the information you are removing.

**CLOSE SERVICES/ACCOUNT TYPE(S)**

Member agrees all accounts under this member number shall be held in the same form of ownership and shall have the same beneficiary designation, if any, except that IRA accounts shall be governed by separate documents.

**I wish to remove the following accounts or services:**

- |   |   |
|---|---|
| <input type="checkbox"/> Share Savings        | <input type="checkbox"/> Online Banking     |
| <input type="checkbox"/> Share Draft/Checking | <input type="checkbox"/> VISA Checkcard/ATM |
| <input type="checkbox"/> Share Certificate    | <input type="checkbox"/> VISA Credit Card   |
| <input type="checkbox"/> Money Market         | <input type="checkbox"/> Bill Pay           |
| <input type="checkbox"/> Holiday Helper       | <input type="checkbox"/> E-statements       |
| <input type="checkbox"/> Club Account         | <input type="checkbox"/> Trust              |

**Close ALL services and/or account types with PCU.**

This is to inform you that I would like to close the above accounts. I have canceled any direct deposits and any automatic withdrawals drawn against this account. I have destroyed any unused checks and returned my VISA credit Card and VISA check card to the credit union. All my checks have cleared my account and I will be responsible for any charges that are incurred after the below date.

**X** \_\_\_\_\_

<b>Signature</b>	Date	Effective Date
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**IMPORTANT! Please inform us of the reason you wish to close the services/account types:**

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**\*\*\*FOR INTERNAL USE ONLY\*\*\***

VISA CARD # \_\_\_\_\_

VISA Checkcard/ATM # \_\_\_\_\_

**ELECTRONICS DEPT**  
Initials

- |  |       |
|--|-------|
| <input type="checkbox"/> VISA          | _____ |
| <input type="checkbox"/> ATM/STAR      | _____ |
| <input type="checkbox"/> Debit/Certegy | _____ |
| <input type="checkbox"/> HFS           | _____ |

**MEMBER SERVICE DEPT**

- |   |                |
|---|----------------|
| <input type="checkbox"/> Reliance Info Change | Initials _____ |
| <input type="checkbox"/> Liberty Direct       | _____          |
| <input type="checkbox"/> IRAs                 | _____          |
| <input type="checkbox"/> Mgr/Asst Mgr Initial | _____          |

**INSTRUCTIONS:**

- 1) Complete Reliance name change and Liberty Direct.
- 2) If member has no IRA, mark N/A at IRA box. If member has IRA, fax form to the Glenbrook office.
- 3) Interschool form to the VISA department at Schaumburg, unless critical, then fax the form.