



## STATEMENT OF UNDERSTANDING

I, \_\_\_\_\_, wish to close the following accounts under  
*Print Member's Name*

Member # \_\_\_\_\_:  
*Member/Account #*

- Share suffix # \_\_\_\_\_
- Share Draft suffix # \_\_\_\_\_
- Other account # \_\_\_\_\_
- All accounts

I understand that as a result of closing my account that any drafts presented for payment will be *returned unpaid*.

I understand that any outstanding PIN-based Girocard transactions will be force-posted to my account even if there are insufficient funds. I acknowledge that I will be responsible for reimbursing the credit union for any resulting overdraft.

\_\_\_\_\_  
*Signature of Member*

\_\_\_\_\_  
*Date*

### TO BE COMPLETED BY EMPLOYEE ONLY

\_\_\_\_\_  
*Print Employee Name / Teller Number*

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*MICR Number*

\_\_\_\_\_  
*Branch Office*