



AUTHORIZATION TO CLOSE A BUSINESS ACCOUNT

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. If you have a certificate/IRA on your account, please call our CD/IRA Department at 800.237.7328, extension 3570 in order to give instructions on these items prior to sending in your forms. 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.

BUSINESS ACCOUNT NUMBER TO BE CLOSED

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 digital 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 # _____ Regular share **OR** Checking share
(Transfers cannot be performed on Corporations.) Money Market

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 (Pennsylvania State Employees Credit Union) 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