



Account Closure Checklist

Member Name _____

Member Number _____

Member Social Security Number _____

Do you have an ongoing direct deposit/payroll deduction ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, have you instructed the company to stop?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any authorized holds (difference between balance and available balance)? <i>If so, your account will be closed once this item clears.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any outstanding checks (checks you wrote but they have not been cashed yet)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any ACH drafts (automatic drafts from your account to another company)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a loan that is still open ? <i>If so, we cannot close your account until the loan is paid off.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you called us lately and are waiting on a call back ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have Courtesy Pay ? <i>If so, we cannot close your account if you owe on your Courtesy Pay.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a Safe Deposit Box ? <i>We may need you to come in to close your account.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If so, what number?	_____
Are you a joint member on another account?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have StressFree BillPay ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an ATM/Debit card ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any ACH Originations ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please provide us with a phone number and/or e-mail address so we can contact you in case we have any questions about your account.	
Phone Number _____	E-mail Address _____
To better serve our members in the future, please let us know why you are closing your account .	
Do you have any suggestions for us? <i>*Optional</i>	

Signature _____

Date _____

Mail or deliver to:

4480 Rosewood Drive, Columbia, SC 29209
 710 Pulaski Street, Columbia, SC 29201
 University of South Carolina Upstate, Health Education Complex, Room 3000, Spartanburg, SC 29303