GEORGETOWN UNIVERSITY ALUMNI AND STUDENT FEDERAL CREDIT UNION

GUASFCU
3700 O Street, NW
Leavey Center Suite 1328
Washington, DC 20057
(202) 687-8616

CLOSED ACCOUNT AGREEMENT

To close your Credit Union account, please complete the following information. You may close your account in person or by faxing this form to the Credit Union. All outstanding transactions must clear before your account can be closed – including all VISA CheckCards authorizations. Please be aware that if you close your account while you have outstanding checks, your checks will be returned unpaid. If your closing balance is greater than $1,000.00, a 24 hour request may be necessary. Should GUASFCU have to mail a check to you to close your account, please be aware that there is a $5 Cashier's Check fee. Should a wire be requested in closing the account, there is a $20-$30 fee to complete the wire.

Credit Union Account Information

First Name _____ Middle Initial _____ Last Name _____

GUASFCU Account No. _____ ☐ Checking ☐ Savings E-mail _____

Permanent Contact Information

Address _____ City _____ State _____ Zip _____

Phone Number _____

Accounts to Close

Savings

☐ $ _____

Checking

☐ $ _____

Total

$ _____

Do you currently receive a QuickPay deposit?

☐ Yes ☐ No (If yes, you will also need to complete a QuickPay cancelation form)

Method of Closure (Select All That Apply)

☐ Donation to GUASFCU Philanthropy Amount: $ _____

☐ Cashier's Check: *$5 fee – will take an additional 24-hours to process* Mail to Address: ☐ Above ☐ Pick up at Credit Union

☐ Cash Withdrawal – *If over $1000, will take an additional 24-hours to process*

☐ Wire Out – *Please ask for Wire Out Request form – Domestic: $20 fee; International: $30 fee*

Disclosure and Agreement

My closing the account(s) indicated above, I certify that all outstanding transactions have cleared. I further certify that I have/will promptly discontinue any and all recurring (ACH and VISA CheckCard) debits to this account. I understand that failure to do may result in my account being reopened and the transaction, and associated penalty fees, being posted. I agree to any fees associated with closing the account including, but not limited to, wire and bank check fees as stated in the GUASFCU Truth-In-Savings disclosure. If I received a monthly QuickPay deposit into my GUASFCU account, I have also completed the necessary QuickPay cancellation forms.

Signature _____ Date _____

Form Enacted 11/2014

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