

I/We,		would like to close my/our
(primary) account with Americo Federal Cred	(joint) it Union. It is account number	·
	le to contact the sender in obtain	, I/we understand that they will be sent back ing the funds. I/we have contacted the payroll
7 1 0 1	ees associated with the debit. I/w	encurs any fees, I/we will be held responsible to will receive correspondence from Americo
All checks, ACH, and Mastercard Do or debits/credits against my account		ed. There are no pending transactions to post p my/our Mastercard Debit Card.
All loans which I/we am/are obligate withdrawals from another financial		id in full. I/We cannot initiate deposits to or
1 01,		tand that Online Banking access will be ing or any Online Banking services such as
	(reason for closing)	
(signature - primary)	(date)	(signature - joint) (date)
	Member Services Used (Office Use Only)	
Account Closed By (Teller #)	ATM Debit Card	Mastercard
Share	Audio Response	Overdraft Protection Loan
Share Draft	Payroll	eStatement (Michael)
☐ IRA	Online Banking	Courtesy Pay
Share Certificate	Bill Pay	Faxed By Date
4101 Main Street Erie, PA 16511 814 899-6608 814 899-6005 fax		2545 West 23rd Street Erie, PA 16506 814 833-0433 814 833-7299 fax