



1521 Lake Pointe Parkway  
 Sugar Land TX 77478  
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### ACCOUNT CLOSURE FORM

Membership Number \_\_\_\_\_  
 Account Name \_\_\_\_\_  
 Address \_\_\_\_\_  
City State Zip Code  
 Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_  
 Driver License No / Tax ID No: \_\_\_\_\_ Email Address \_\_\_\_\_

**Type of Account Need to be close**  
(Please All That Apply)

- |  |   |
|--|---|
| <input type="checkbox"/> Membership Withdrawal (Regular Savings Account) | <input type="checkbox"/> Home Banking             |
| <input type="checkbox"/> Pioneer Education Savings Account               | <input type="checkbox"/> ATM / Debit Card         |
| <input type="checkbox"/> Share Draft Account (Regular Checking)          | <input type="checkbox"/> Direct Deposits & ACH    |
| <input type="checkbox"/> Pioneer Checking Account (For Bill Pay)         | <input type="checkbox"/> Bill Payer & eStatements |

Reason for Withdrawal \_\_\_\_\_

Do You Have Any Outstanding Loan(s)/Master Card With the Pioneer MFCU...  Yes  No  
If "Yes" please provide detail.

Loan(s) / Master Card Type \_\_\_\_\_ Outstanding Balance \_\_\_\_\_  
 Loan(s) / Master Card Type \_\_\_\_\_ Outstanding Balance \_\_\_\_\_

Do You Have Savings Pledged as a Security of Any Outstanding Loan(s)?.....  Yes  No  
If "Yes" please provide detail.

Member's Name \_\_\_\_\_ Account No. \_\_\_\_\_ Pledge Amount. \$ \_\_\_\_\_  
 Member's Name \_\_\_\_\_ Account No. \_\_\_\_\_ Pledge Amount. \$ \_\_\_\_\_

Are You a Guarantor In any Loan(s) .....  Yes  No  
If "Yes" please provide detail.

Member's Name \_\_\_\_\_ Loan Account No \_\_\_\_\_  
 Member's Name \_\_\_\_\_ Loan Account No \_\_\_\_\_

By signing below, I **certify** that the information on this Account/Membership Close form is complete and true and that I agree to the terms and conditions of the Account/Membership Close agreement. I, the primary account holder of the Account listed above, authorize Pioneer Mutual Federal Credit Union to close the Account(s) checked above. Please send a check for any remaining balance in my Account, payable to me. I understand the check will be mailed to the current address listed on the account. I also agree and accept any fee/charges/penalties associated with any account at the time of closing.

\_\_\_\_\_  
Account Holder's Signature \_\_\_\_\_  
Date

**OFFICE USE ONLY**

Request Received on \_\_\_\_\_ Application Approved: ( ) Yes ( ) No

Denial Reason \_\_\_\_\_

Comments \_\_\_\_\_

Any Outstanding Loan Dues  Yes  No      Master Card Dues  Yes  No

Approved by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Closed by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_