

## Transaction Request Form

This information will assist us in verifying the identity of the account holder in order to help prevent any fraud attempts on this account. If you have questions please call us at 417-862-0471 or 888-430-7199.

1. **Complete this form and print.** This form may not be submitted online because your notarized signature is required.
2. Return this completed form to our office, by fax to (417) 862-7802, or by mail to **Volt Credit Union, Attn: Member Services, PO Box 1217, Springfield MO 65801-1217.**

Member Name (as listed on account):	Account Number:
Address:	City, State, ZIP Code
Social Security #:	Date of Birth:
Driver's License #:	State of issue:
Telephone:	Mother's Maiden Name:

### Transaction Requested on Account

- ☐ Deposit \$\_\_\_\_\_
- ☐ Withdrawal \$\_\_\_\_\_
- ☐ Transfer \$\_\_\_\_\_ From Account #: \_\_\_\_\_ Name on Account: \_\_\_\_\_  
 To Account #: \_\_\_\_\_ Name on Account: \_\_\_\_\_

- ☐ **Close Account** We're sorry to see you go! Please let us know why you are closing your account.

#### Reason for Closing Account:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Moving out of area     | <input type="checkbox"/> Unhappy with service    | <input type="checkbox"/> Paid off loan                           |
| <input type="checkbox"/> Need the money         | <input type="checkbox"/> Fees                    | <input type="checkbox"/> Changed employer - no payroll deduction |
| <input type="checkbox"/> No longer use account  | <input type="checkbox"/> Inconvenient location   | <input type="checkbox"/> Lost/stolen checks                      |
| <input type="checkbox"/> Better rates elsewhere | <input type="checkbox"/> Didn't qualify for loan | <input type="checkbox"/> Death of member                         |
| <input type="checkbox"/> Other (please specify) |  |  |

#### Card Destruction Verification

I verify that my card(s) is enclosed or has been previously destroyed and is no longer in my possession. I will take full responsibility for all future charges, if any, on this account.

- | Card Type                                 | Card number(s) |
|---|----------------|
| <input type="checkbox"/> VISA Credit Card | _____          |
| <input type="checkbox"/> Visa Check Card  | _____          |
| <input type="checkbox"/> ATM Card         | _____          |

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
(Notary Public)