



Check List

Form Name	Account Number	Account Type	Financial Institution	Date Mailed or Date to Mail	Follow up Date/Action	Item complete
Account Closure Request						<input type="checkbox"/>
Account Closure Request						<input type="checkbox"/>
Account Closure Request						<input type="checkbox"/>
Automatic Payment Deduction						<input type="checkbox"/>
Automatic Payment Deduction						<input type="checkbox"/>
Automatic Payment Deduction						<input type="checkbox"/>
Direct Deposit Enrollment						<input type="checkbox"/>
Direct Deposit Enrollment						<input type="checkbox"/>
Direct Deposit Enrollment						<input type="checkbox"/>
Credit Payment Enclosed						<input type="checkbox"/>
Credit Payment Enclosed						<input type="checkbox"/>
Credit Payment Enclosed						<input type="checkbox"/>
Credit Payment Enclosed						<input type="checkbox"/>
Credit Payment Enclosed						<input type="checkbox"/>
Credit Payment Enclosed						<input type="checkbox"/>
Payroll Direct Deposit						<input type="checkbox"/>
Payroll Direct Deposit						<input type="checkbox"/>
Payroll Direct Deposit						<input type="checkbox"/>
Credit Card Balance Transfer						<input type="checkbox"/>
Credit Card Balance Transfer						<input type="checkbox"/>
Credit Card Balance Transfer						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>
						<input type="checkbox"/>

Notes: Please be sure all automatic deductions and direct deposit requests have been completed prior to closing your existing/previous accounts. This may take 1-2 months to take effect.