



Serving Arapahoe County Since 1937

**Affidavit to Close and Reopen Checking Account**

Member Name: \_\_\_\_\_ Date: \_\_\_\_\_

Member Number: \_\_\_\_\_ Re: Checking/MICR Number: \_\_\_\_\_

\_\_\_\_\_ I have chosen to not close my checking account number listed above against the advice of Arapahoe Credit Union. I accept full responsibility for all subsequent transactions that clear through the account. I agree that I will not hold Arapahoe Credit Union responsible for any unauthorized or fraudulent transactions that may clear through the account in the future.

Member Signature \_\_\_\_\_

\_\_\_\_\_ I have opted to close my existing checking account number listed above at Arapahoe Credit Union and to re-open a new checking account. The items listed below were authorized for payment prior the account closure and should be paid from my new account. (Debit card purchases authorized prior to the account closure will be paid from the new account). I understand that any items not listed below will be returned unpaid due to the originating account being closed today.

Member Signature \_\_\_\_\_

New Checking/MICR Number: \_\_\_\_\_

Checks	Automatic Payments / Electronic Withdrawals	Recurring debit card payments/purchases	Direct Deposits
List ck # and amount	List by company name	<b>*Must contact each company with new card number*</b>	<b>*Must contact each company with new account number*</b>