

AUTHORIZATION TO CLOSE ACCOUNT

Complete this authorization to close accounts at other financial institutions and have funds transferred to your Community Powered Federal Credit Union account. Print one authorization for each financial institution where you have accounts. Remember to destroy and recycle old checks and destroy your old ATM and debit cards.

Date Bank/Other Financial Institution Name

Address

City State Zip

To Whom It May Concern:

Please close the following accounts with your institution:

Account Number Account Holder

Account Number Account Holder

Account Number Account Holder

Please send any funds remaining in these accounts to:

The following address:

Street

City

State Zip

To my account at:

Community Powered Federal Credit Union

P.O. Box 7739

Newark, DE 19714-7739

231177016

Routing & Transit Number

Account Number

Account Type

If you have any questions about this request, please contact me during the day evening at (_____) _____
Phone Number

Thank You.

Sincerely,

Account Holder 1 Signature

Date

Account Holder 2 Signature

Date

Please complete this form, print, sign, and return to the appropriate institution.



YOUR COMMUNITY CREDIT UNION
The Banking Alternative in New Castle County