

AUTHORIZATION TO CLOSE ACCOUNT | PAGE 1 OF 1



CONFIDENTIAL

Instructions: Complete this authorization to close accounts at other financial institutions and have funds transferred to your Signal Financial FCU 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 _____

Please close my accounts with your financial institution:

Account numbers _____

Account holders _____

ID Verification (SSN or secret account code) _____

And send a check for the remaining balance(s) to my new account at:

Signal Financial Federal Credit Union
3015 University Blvd. West, Kensington, MD 20895
Routing Number: 255075495

Account Number _____ Checking Savings

I have also made arrangements to discontinue the direct deposit and automatic withdrawal of funds from my account(s) with your financial institution.

ACCOUNT HOLDER'S SIGNATURE _____

PRINTED NAME _____

ADDRESS _____

CITY/STATE/ZIP _____