

Close Account(s) Authorization

Date: _____

To:

Name of Financial Institution

Address

City / State / Zip

To Whom It May Concern:

Please close the following account(s) with your institution, as noted below:

Account Number	Account Type	
		<input type="checkbox"/> Close immediately <input type="checkbox"/> Close at end of current dividend period
		<input type="checkbox"/> Close immediately <input type="checkbox"/> Close at end of current dividend period
		<input type="checkbox"/> Close immediately <input type="checkbox"/> Close at end of current dividend period
		<input type="checkbox"/> Close immediately <input type="checkbox"/> Close at end of current dividend period

Once the accounts have been closed, please send a check or electronic payment to my Checking Account at the following institution:

Tyndall Federal Credit Union

Current Financial Institution

P.O. Box 59760, Panama City, FL 32412-0760

Address

263183175

Routing Number

Checking Account Number (MICR Number)

I hereby authorize you to close my account(s) with your institution as indicated above, and to initiate deposit of my funds to the above-mentioned Tyndall Federal Credit Union Checking Account. I authorize Tyndall Federal Credit Union to deposit the funds into my Checking Account. I understand that I will be charged a fee of \$20.00 each time an ACH Automatic Withdrawal entry is returned.

Member Signature

Account Number / Reference Number

Printed Name

Contact Phone Number (Day)

Other information the Financial Institution may need
(SSN, Date of Birth, joint owner information, etc.)