

STEP 4 Authorization to Close Account

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

Date

Bank/Other Financial Institution Name

Address

City/State/Zip

To Whom It May Concern:

Please close my account(s) 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:

First Education Federal Credit Union
PO Box 20030
Cheyenne, WY 82003

Routing Number: 307086617

Account Number: _____ Savings /Checking (check one)

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

If you have any questions about this request, please contact me.

_____ (phone number). Day /Evening (check one)

Thank you.

Sincerely,

Account Holder 1 Signature

Account Holder 2 Signature

Address

City/State/Zip

