

# 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. Remember to destroy checks and cards associated with the account.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

To Whom It May Concern:

Please close my account(s) with your financial institution:

Account Numbers: \_\_\_\_\_

Account Holders: \_\_\_\_\_

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

Account Number: \_\_\_\_\_ Savings    Checking

If you have any questions about this request, please contact me at this phone number \_\_\_\_\_.

Sincerely,

\_\_\_\_\_  
Account Holder 1 Signature

\_\_\_\_\_  
Account Holder 2 Signature, if required

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code