



Authorization to Close Account

Instructions: Complete this authorization to close accounts at other financial institutions and have funds transferred to your State Department 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 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:

State Department Federal Credit Union
1630 King St
Alexandria, VA 22314-2745
Routing Number: 256075342

Account Number: _____ Savings / Checking (circle one)

I have also made arrangements to discontinue the 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 during the day / evening (circle one) at

_____ (phone number).

Thank you.

Sincerely,

Primary Owner Signature

Date

Joint Owner Signature

Date