



Authorization to Close Account

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

Date: _____

Name and Address of Bank or _____
other financial institution: _____

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:

Summit Federal Credit Union

P O Box 1460

Akron, OH 44309-1460

Routing Number: 241273463

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.

Thank you for your prompt attention to this request. If you have any questions about this request, please contact me during the day / evening (circle one) at _____ (phone number).

Sincerely,

Account Holder 1 Signature _____

Account Holder 2 Signature _____

Address: _____

City/State/Zip: _____