

ACCOUNT CLOSING AUTHORIZATION

TO: _____
(Current Financial Institution)

Customer Information:

Name Date

Address

City, State, Zip Code Telephone Number

Accounts:

Account Number: _____ Checking Savings Other

Account Number: _____ Checking Savings Other

Account Number: _____ Checking Savings Other

Account Number: _____ Checking Savings Other

I hereby authorize, _____, the above listed account(s) be closed.
Please mail any remaining funds in these accounts to:

Me, at the above listed address

Campus Credit Union
1845 Fairmount Box 65
Wichita, KS 67260
CCU Account to be credited: _____

Primary Account Holder Signature Date

Printed Name

Joint Account Holder Signature Date

Printed Name

Note: Prior to sending this Account Closing Authorization, please review that all checks have cleared, and that all direct deposits, automatic payments and debit transactions have been switched to your Campus Credit Union account. Campus Credit Union is not responsible for accounts closed before all transactions have been cleared through the prior financial institution.