



# AUTHORIZATION TO CLOSE ACCOUNT

We are sad to lose you as a member, but understand that life and situations sometimes make it harder to do your banking with a local credit union. Please completely fill out this form and mail it to us so we can complete the account close process, we will mail you the remaining balance in your account.

Any checks presented for payment after your account is closed will be returned as unpaid. In addition, any direct deposits received will not be credited, but returned to the source. Payroll deductions must be stopped prior to the account being closed. Please reach out to us by phone if you have any questions.

728 Worth Street, Corry PA 16407 | 814-663-3263

**PLEASE NOTE THAT IF YOUR ADDRESS HAS CHANGED AND YOU HAVE NOT YET INFORMED US OF THAT CHANGE WE WILL NOT BE ABLE TO PROCESS THIS REQUEST. PLEASE EMAIL INFO@CORRYFCU.ORG WITH YOUR CURRENT ADDRESS PRIOR TO SUBMITTING.**

Print Name: \_\_\_\_\_ Acct. #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Reason for closing account: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Signature: \_\_\_\_\_ Date: \_\_\_\_\_