



Step 4 Authorization to Close Account

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

Members Cooperative Credit Union

101 14th Street
Cloquet, MN 55720

Routing Number: 291973454

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,

Account Holder 1 Signature Date

Account Holder 2 Signature Date