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# Authorization to Close Account

Complete this authorization to close accounts at other financial institutions and have funds transferred to your Buffalo Postal Community Federal Credit Union account or sent by check to your home. Complete one authorization for each financial institution where you have an account. Please remember to destroy and recycle old checks as well as destroying your old ATM and debit cards.

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

Current Financial Insitution: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### To Whom It May Concern:

Please close my accounts with your financial institution.

Account Numbers: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Account Holders: \_\_\_\_\_

\_\_\_\_\_

ID Verification (SSN or Secret Account Code): \_\_\_\_\_

\_\_\_\_\_

You may transfer/or send a check of my remaining balances including interest to:  
(Check One)

Buffalo Postal Community FCU  
1155 William St  
Buffalo, NY 14206  
Routing & Transit #222079466

My Home Address:  
\_\_\_\_\_  
\_\_\_\_\_

Member 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 or if this document is not sufficient enough to make this change please contact me during the day/evening (circle one) time at (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_. Thank You.

Signature: X \_\_\_\_\_

Signature Joint Account Holder: X \_\_\_\_\_