



Authorization to Close Account

Financial Institution Name: _____

Financial Institution Address: _____

Please accept this letter as authorization to close the account(s) listed below; please remit any remaining balances and any accrued interest to Skyla Federal Credit Union for the benefit of:

Member Name: _____

Member Account Number: _____

Immediately close and transfer the balances in the following account(s):

Account Number	Account Type
_____	_____
_____	_____
_____	_____
_____	_____

I hereby authorize the closing of the account(s) and the transfer of funds. Thank you for your immediate assistance.

MEMBER'S SIGNATURE

DATE