



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 Integra First Federal Credit Union for the benefit of:

Member Name: _____

Member Account Number: _____

Please choose one of the following:

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

Account Number

Account Type

Keep these accounts open and transfer the specified amount to Integra First Federal Credit Union:

Account Number

Account Type

Transfer Amount

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

Member Signature

Date