



**Account Closing Authorization Form**

**To:** \_\_\_\_\_ (financial Institution name)

**From:**

Name: \_\_\_\_\_

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

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

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

I/We hereby authorize the below account(s) to be closed. If you have any questions concerning the closing of these accounts, please contact me at the phone number provided above.

**Accounts:**

Please list account numbers and select the appropriate account type.

Account # _____	Checking	Savings	Other
Account # _____	Checking	Savings	Other
Account # _____	Checking	Savings	Other

Please discontinue any Bill Pay Services and please cancel my debit and/or ATM card(s).

Please mail any remaining funds in these accounts to:

Our member, at the above address  
Roswell Community Federal Credit Union  
2514 N Main Street  
Roswell, NM 88201

RCU Account Number to be credited: \_\_\_\_\_

*(Please reference my RCU account number on the enclosed check)*

\_\_\_\_\_  
Account Holder Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account Holder Name (please print)