

Complete and submit this form to the financial institution you are closing your account at. Make sure all direct deposits and automatic payments have been switched to your new account at Preferred Credit Union before closing your old account(s).

Old Financial I	nstitution:
Name:	
Accou	nt Number:
My Informatior	1:
Name:	
Addres	55:
Daytim	ne Phone Number:
	yable to:
Please send a d	check for the remaining balance to:
[] Pleas	se send check to the address listed above
	erred Credit Union Sparks Dr., SE d Rapids, MI 49546 D-328-4131
Additional Info	rmation:

Please accept this as authorization to close out the account(s) listed above forward the remaining balance(s) as directed above.

Signature