

Close Account Authorization

Date: _____
To: _____
Address: _____

Important notification:

Please close the following account(s) as of (date) _____ and send a check for the remaining balance to my address below:

Account number: _____
Account number: _____ (if applicable)
Account number: _____ (if applicable)
My mailing address: _____

If you have any questions, please contact me via phone at: _____.
If you are unable to accept this form, please mail your authorized form to me at the address above.

Sincerely,

My signature: _____
My printed name: _____
Co-signer signature: _____ (if applicable)
Co-signer printed name: _____ (if applicable)

State of Florida
County of Monroe

Sworn to (or affirmed) and subscribed before me this _____ day of _____, 20____,
by _____.

Signature of Notary Public – State of Florida

Name of Notary Public - typed, printed or stamped

(Notary Seal)

Personally Known _____ or Produced Identification _____
Type of Identification Produced _____



Keys Federal
CREDIT UNION

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