



Leominster Credit Union

You're somebody.

# CLOSE EXISTING ACCOUNT AUTHORIZATION

## CONTACT US WITH ANY QUESTIONS

CALL 800-649-4646

OR 978-537-8021

OR ON

Leominstercu.com

Complete this authorization to close these accounts at another financial institution and have those funds transferred to your Leominster Credit Union account. Print one authorization for each financial institution where you have accounts.

Financial Institution Name and Address Where You Wish to Close Your Account:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

RE: **Closing my Account**

To Whom It May Concern:

Please accept this as authorization to close out the below referenced bank account(s) with your institution

Type of Account \_\_\_\_\_ Account Number \_\_\_\_\_  
Account Holders \_\_\_\_\_ (please print) \_\_\_\_\_ (please print)

Please send a check for the remaining balance(s) to my new account at:

**Leominster Credit Union**  
20 Adams Street  
Leominster, MA 01453  
Routing Number: 211383736

Account Number: \_\_\_\_\_ Checking / Savings (circle one)

If you have any questions regarding this request, please contact me during the day / evening (circle one) at

( \_\_\_ ) \_\_\_\_\_ phone number | ( \_\_\_ ) \_\_\_\_\_ cell number

Thank you for your prompt assistance in this matter.

Sincerely,

Account Holder (1) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder (2) Signature \_\_\_\_\_ Date: \_\_\_\_\_

Address \_\_\_\_\_

City /State / Zip \_\_\_\_\_



Equal Opportunity Lender