



## STEP 7 Close Account Authorization

**Instructions:** Be sure to leave sufficient funds in your old account long enough for outstanding checks and automatic withdrawals to clear. Once all outstanding transactions have posted, then you can close out your old account completely.

### Personal Information

Financial Institution Name

Member Name

SSN

Address

City | State | Zip

Home Phone #

Work Phone #

Effective Date, please close the following account numbers with your institution:

☐ Checking Account # \_\_\_\_\_

☐ Savings Account # \_\_\_\_\_

☐ Money Market Account # \_\_\_\_\_

☐ Other # \_\_\_\_\_

☐ Other # \_\_\_\_\_

Please transfer any remaining balance to my account at:

**DoverPhila Federal Credit Union**

119 Fillmore Ave | Dover, OH 44622

**Routing Number:** 241280650

**Account Number:**

I hereby authorize you to close my account(s) with your institution as indicated above, and to initiate deposit of my funds to the above mentioned account with DoverPhila Federal Credit Union. I authorize DoverPhila Federal Credit Union to deposit the funds into my account.

Signature \_\_\_\_\_ Date