Account Closeout Authorization

I/We authorize the Credit Union to close my/our account(s) with Southwest Colorado Federal Credit Union, 15 Bodo Drive, Durango, CO 81303.

Account# _____

☐ All suffixes associated with this member number ☐ Checking (only) ☐ Other _____

All account owners must sign for an account closeout – A "primary" owner does not have elevated rights compared to any "joint" owners.

_____

Primary Owner Print Name Signature Date

_____

Joint Owner Print Name Signature Date

_____

Joint Owner Print Name Signature Date

☐ Provide cash (in-person only) ☐ Transfer to existing/open CU Account: _____ OR

☐ Send a check to the following address: _____

Street City State Zip

Phone Number: _____ Staff Initials: _____ Date: _____ Safe Dep Box Closed? Y N Rev: 4/2012