



**GEORGIA COASTAL
FEDERAL CREDIT UNION**

Your Community, Your Credit Union.

STEP FOUR - Switch Kit - Authorization to Close Account

Instructions: Complete this authorization to close accounts at other financial institutions and have funds transferred to your Georgia Coastal FCU account. Print one authorization for each financial institution where you have accounts. Remember to destroy and recycle old checks and destroy your old ATM and debit cards.

Date

Bank/Other Financial Institution Name

Address

City/State/Zip

To Whom It May Concern:

Please close my account(s) with your financial institution:

Account Numbers: _____

Account Holders: _____

ID Verification (SSN or secret account code): _____

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

Georgia Coastal FCU

2524 Stadium Street

Brunswick, GA 31520

Routing Number: 261271403

Account Number: _____ Savings / Checking (circle one)

I have also made arrangements to discontinue the direct deposit and automatic withdrawals of funds from my account(s) with your financial institution.

If you have any questions about this request, please contact me during the day / evening (circle one) at (_____) _____ (telephone number).

Sincerely,

Account Holder 1 Signature Date

Account Holder 2 Signature Date

Employee ID Number

www.gacfcu.org