

Authorization to Close Account

Date _____

Please accept the signature below as authorization for Link Federal Credit Union to close the following account(s) and mail the final statement to the address listed below.

Account # _____

Name(s) _____

Street _____

City _____ State _____ Zip _____

Telephone # _____

Reason for closing account: _____

Member
Signature _____

Please fax or mail this completed form to:

Link FCU
5212 Rockville Road
Indianapolis, IN 46224

OR

Link FCU
Fax: (317) 240-5048

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