

Account Closure Form

Give to your old financial institution



Please close this account as instructed below.

Financial Institution: _____

Account Number to be closed: _____

Name(s) on account: _____

Address: _____

City: _____ State: _____ ZIP: _____

Daytime Phone: _____

I authorize the closing of my account effective: _____

Please transfer any remaining balance to: Sandia Area Federal Credit Union 1-800-228-4031
PO Box 18044
Albuquerque, NM 87185

Sandia Area Federal Credit Union Routing Number: 307070047
Account Number: _____
[] Savings
[] Checking

Authorized Signature(s): _____

Date: _____

*Please ensure your account is active with sufficient funds to clear outstanding checks and withdrawals prior to closing the account.