



Account Closing Authorization

Date: _____

Bank Name: _____

Address: _____

To Whom It May Concern,

I hereby authorize the closure of the following accounts and request that the balance be sent to the address below. All transactions in the account(s) have been cleared, and all automatic payments have been stopped.

Savings / Checking / Money Market (circle one) Account Number: _____

Savings / Checking / Money Market (circle one) Account Number: _____

Please issue and send check to:

Bank Name: Los Angeles Police Federal Credit Union
16150 Sherman Way
PO Box 10188
Van Nuys, CA 91410-0188

Attention: _____

Reference Account Number: _____

Please contact me at the following phone number if you have any questions.

Phone: _____ Day / Evening (circle one)

Sincerely,

Primary's Signature: _____

Joint Owner's Signature: _____

Name (Please Print): _____

Date: _____