



651.291.1515
800.899.5626
hiway.org

Switch Kit Checking Closure Notice

Name

Social Security Number

Please close my account at:

Financial Institution

Address

City

State

Zip

Telephone Number

Account Number

I authorize the closure of my account effective: _____

Month

Day

Year

Send my remaining balance to: Hiway Credit Union
Attn: Member Services
111 Empire Drive
St. Paul, MN 55103

Deposit to:

Savings Checking

X

Member's Signature

Date

Federally insured by NCUA

