

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 Federal Credit Union
Attn: Member Services
111 Empire Drive
St. Paul, MN 55103

Deposit to:

Savings

Checking

X

Member's Signature

Date

651.291.1515 | 800.899.5626 | hiway.org

With You on the Road of Life