



Authorization to Close Account

Instructions: Complete this authorization to close accounts at other financial institutions and have funds transferred to your Interra Credit Union account. Print one authorization for each financial institution where you have accounts. Remember to destroy old checks and your old ATM and debit cards.

Date: _____

Financial Institution: _____

Address: _____

City: _____ State: _____ Zip Code: _____

To Whom It May Concern:

Please close my account(s) with your financial institution:

Account Numbers: _____

Account Holders: _____

And send a check for the remaining balance(s) to my account at:

Interra Credit Union
Attn: Business Services
P.O. Box 727
Goshen, IN 46527-0727

Routing Number: 271291017

Account Number _____ Savings Checking (check one)

I have also made arrangements to discontinue the direct deposit and automatic withdrawal of funds from account(s) with your financial institution.

If you have any questions about this request, please contact me.

_____ (phone number). day evening (check one)

Thank you.

Sincerely,

Account Holder 1 Signature: _____ Date: _____

Account Holder 2 Signature: _____ Date: _____

[Signature of Notary]

[Typed Name of Notary]

NOTARY PUBLIC
My commission expires: _____, 20____.

[Notary Seal]





Authorization to Transfer Credit Card Balances

Transfer your high rate balances to your Interra Credit Union Visa Business Card

Rates as low as: 9.90% APR* • NO annual fee

Instructions: Complete this authorization to have credit accounts with other creditors switched to your Interra Credit Union Visa Business. Use more forms as needed. Return this form to Interra Credit Union.

Balance Transfer #1 Information:

Name of Creditor: _____

Payment Address: _____

City/State/Zip+4: _____

Account Number: _____

Amount to Transfer: _____

Balance Transfer #2 Information:

Name of Creditor: _____

Payment Address: _____

City/State/Zip+4: _____

Account Number: _____

Amount to Transfer: _____

Name: _____

Address: _____

City/State/Zip Code: _____

Interra Credit Union Account Number: _____

Daytime Phone Number: _____

Balance transfers will be treated as cash advances. Please continue to make payments on your other credit accounts until the Credit Union notifies you that the balance(s) have been transferred. Payment of the amount(s) authorized by you may or may not satisfy any outstanding balance(s) on the designated account(s). The Credit Union is not responsible for any remaining balance(s) or additional charges resulting in any delay on the payment and transfer of balance(s). The total amount(s) paid and transferred cannot exceed your account credit line. The Credit Union reserves the right to refuse any balance transfer request. Balance transfers do not carry a grace period.

Signature: _____ Date: _____

*Annual Percentage Rate

