



Send this form to your previous financial institution. Any remaining balance will be sent to your new Coventry Credit Union checking account. (Some financial institutions require you to use their forms.)

Authorization to Close Account

Coventry Credit Union
Address: P.O. Box 4004
Coventry, RI 02816-0495

I hereby authorize the closure of my account(s). I understand that I will need to verify that all checks and automatic debits have cleared before that account(s) is closed. I have made arrangements to switch any automatic debits and automatic deposits I have associated with this account.

Please forward any remaining funds in the form of a check to my new account at:

Coventry Credit Union
P.O. Box 4004
Coventry, RI 02816-0495

Account Holder's Name:

Account Number(s):

Checking Account Number:

Joint Owner Name (if applicable):

Address:

City: State: Zip:

Daytime Phone Number: - -

Account Number:

Signature:

Date: / /

Need help filling out this form? Call a Coventry Credit Union Member Service Representative for assistance at 401-397-1900 or by e-mail: coventrycu@coventrycu.org