VIGILANT FEDERAL

Innovative Banking • Traditional Values

AUTHORIZATION TO CLOSE ACCOUNT

Date: _____

To: _____ From: _____

_____ _____

_____ _____

Please accept this letter as authorization to close the account(s) listed below and transfer the balance plus any accrued interest to **VIGILANT FEDERAL.** Please reference my name and new Account number _____on the check to insure proper credit**.**

Please make the check payable to Vigilant Federal for credit to the new account number.

☐ Immediately close and transfer the balances in the following account(s):

Account #_____ ☐ Checking ☐ Savings ☐ Money Market

Account #_____ ☐ Checking ☐ Savings ☐ Money Market

Account #_____ ☐ Checking ☐ Savings ☐ Money Market

If you have any questions regarding this matter, or if this letter is NOT sufficient enough to make this change, please contact me and remit all correspondence to the address referenced above.

Sincerely,

_____

I hereby authorize the closing of this account and transfer of funds

_____	_____	_____
Account Holder Signature	Date	Phone
_____	_____	_____
Account Holder Signature	Date	Phone

Member FDIC

EQUAL HOUSING LENDER

532 Eastern Blvd. • Baltimore, MD 21221 • 410-686-5940 • Fax 410-574-3426

www.vigilantfederal.com