

CHECKING ACCOUNT CLOSURE NOTIFICATION (Forward completed form to your previous financial institution.)

| ACCOUNT INFORMATION | | |
|---|--|------------------------|
| NAME OF PREVIOUS FINANCIAL INSTITUTION | | ACCOUNT NO. |
| NAME(S) ON ACCOUNT | SOCIAL SECURITY NUMBER | DAY TIME TELEPHONE NO. |
| INSTRUCTIONS AND AUTHORIZATION | | |
| <input type="checkbox"/> Cancel any automatic transfers effective _____. | <input type="checkbox"/> Please send a check payable to me/us for the remaining balance in the above-described account directly to me/us at the address below: | |
| <input type="checkbox"/> Please send any remaining funds to my 10 digit account no. _____ at Navy Federal Credit Union: | ADDRESS (STREET | |
| NAVY FEDERAL CREDIT UNION PO BOX 3000, MERRIFIELD VA 22119-3000 | CITY | STATE ZIP CODE) |

I hereby authorize the closure of my checking account effective _____.

| | |
|-----------|----------------------|
| SIGNATURE | DATE (MO., DAY, YR.) |
|-----------|----------------------|

PHOTOCOPY AS NEEDED

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