

# Switch!

## step 5

# Account Closure

Arizona Federal

(602) 683-1000

### Your information:

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Co-Owner)

\_\_\_\_\_  
(Co-Owner Social Security Number)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

### Transfer my account from:

\_\_\_\_\_  
(Name of Institution)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

\_\_\_\_\_  
(Existing Account Number)

**I hereby authorize the closure of my account.  
Please forward the remaining balance and copy of  
this form to my Arizona Federal account at:**

Arizona Federal  
P.O. Box 60070, Phoenix, AZ 85082-0070

\_\_\_\_\_  
(New Account Number)

\_\_\_\_\_  
(Authorized Owner Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Co-Owner's Signature)

\_\_\_\_\_  
(Date)

*Note: Your financial institution may require signatures from all owners of account.  
(Financial Institution copy)*