

WESTERN SPRINGS FEDERAL CREDIT UNION

Authorization to Close Shares Account

I understand that once my account is closed, I will be unable to reopen the account or have access to any products and services provided by Western Springs Federal Credit Union. All remaining balances will be mailed to me at the address on file at the time of account closure. I certify under penalties of perjury that it is not my intent to commit fraud and the signature on this form is true and given under my free will.

Name on Account

Account #

Owner Signature

Date