

Funds Transfer Authorization

Complete this form and mail it to your current financial institution to close your account(s). Please note to keep enough funds in the account until all outstanding payments and transactions have cleared.

Financial institution: _____ Regarding account #: _____

Address: _____ City: _____ State: _____ Zip: _____

I authorize the above named financial institution to close the above indicated depository account and send the remaining balance to:

Buffalo Metropolitan Federal Credit Union, 62 S. Elmwood Ave., Buffalo, NY 14202

Credit Union account #: _____ (14 digit number on the bottom of your checks)

Mail check to me at the address below

Name (first/middle/last): _____

Signature: _____ Date: _____

Address: _____ City: _____ State: _____ Zip: _____

Daytime telephone #: _____ Evening telephone #: _____

Please note to keep enough funds on deposit for all checks, automatic withdrawals or ATM/Visa check card transactions that may be pending.



Buffalo Metropolitan Federal Credit Union

Banking at its Best

62 S. Elmwood Ave., Buffalo, NY 14202 ▪ 716.847.6960 ▪ BfloMetroCU.org