

Account Switch Form

Authorization Agreement

Date: _____

► Your Information:

Name

Social Security Number

Co-Applicant

Co-Applicant Social Security Number

Street Address

City, State, Zip Code

► Transfer My Account From:

Name of Financial Institution

Street Address

City, State, Zip Code

Existing Account Number

- Please close my account and send the entire balance to me at the address listed above.

I hereby direct you to complete the requested transfer from my existing account.

Authorized Member Signature

Date

Co-Applicant's Signature

Date

Notary Signature – If Necessary

Date

Notice: To cover any outstanding debits and credits from your former financial institution, please maintain a balance to cover the charges. PARDA is not financially responsible for such debts.

