ACCOUNT CLOSURE NOTICE

| Name | Social Security # |
|---|---|
| Daytime Phone # | Date of Birth |
| Address | |
| | - |
| PREVIOUS FINANCIAL INSTITUTION INFORMATION | |
| Name | Account # |
| Address | |
| | |
| | |
| Please close my account and send a check made payal | ole to: |
| PEAK Rewards Check ID/Account | t # |
| | |
| Mail to | o: |
| Northern Skies Fede | ral Credit Union |
| 1001 E Bens | on Blvd |
| Anchorage, A | K 99508 |
| NSFCU Routing # | #325272157 |
| | |
| I hereby authorize the closure of my account and certification that automatic payments have been transferred. | fy that all checks have cleared the account and |
| Signature | Date |

