

AUTHORIZATION TO CLOSE CREDIT CARD ACCOUNT

My account _____ is being paid in full by Community
(account #)

South Credit Union. I, _____

authorize _____
(current lender)

to speak with representatives from Community South Credit Union
regarding my account balance and/or payoff amount.

Upon the receipt of this pay-off, please close my credit card account and do
not re-issue any more cards on this account.

Account holder signature **date**

Signed before me this _____ day of _____, 20____ by

_____, who is personally known to me

or has produced _____ as identification.

Notary **date**

(seal)