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**ACCOUNT CLOSE
AUTHORIZATION FORM**

CLOSE ACCOUNT AUTHORIZATION

Please close my account per my instructions.

Member Account Number:

Member Name(s):

I authorize the closure of my account effective as of:

I understand that it is my responsibility to inform all entities that present automatic payment requests or direct deposits under the closed account number referenced above, that the account has been closed and LINCOLN ONE may refuse any transactions attempting to post to, or clear through, the closed account; and if applicable, provide them with a new account number for these payment services.

Member Signature

Effective Date