



Customer Service Department  
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Email: [customerservice@cocoafl.org](mailto:customerservice@cocoafl.org)  
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## RELINQUISHING ACCOUNT AUTHORIZATION

ACCOUNT NUMBER \_\_\_\_\_

### SECTION I

I, \_\_\_\_\_ am relinquishing my account over  
to \_\_\_\_\_ along with any deposits that  
may have been applied.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

### SECTION II

IF YOU ARE UNABLE TO COME INTO THE OFFICE TO SIGN AND COMPLETE THIS FORM, YOU MUST HAVE THIS FORM NOTARIZED AND SUBMITTED TO CUSTOMER SERVICE ALONG WITH A LEGIBLE COPY OF YOUR DRIVER'S LICENSE AND SOCIAL SECURITY CARD.

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

Sworn to (or affirmed) and subscribed before me this \_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by:

\_\_\_\_\_ has produced \_\_\_\_\_  
(Customer Name) (Type of identification)

\_\_\_\_\_  
(Notary Public Signature)

\_\_\_\_\_  
(Name of Notary typed, printed or stamped)

*Place Seal Here*

