



# Account Closure Request

**Date:** \_\_\_\_\_

**To:** \_\_\_\_\_  
Financial Institution Name  
\_\_\_\_\_  
Street Address City State Zip

**From:** \_\_\_\_\_  
Primary Account Holder  
\_\_\_\_\_  
Joint Account Holder  
\_\_\_\_\_  
Joint Account Holder  
\_\_\_\_\_  
Street Address  
\_\_\_\_\_  
City, State, Zip Code Home Phone

## RE: Notification to Close Financial Institution Account

I hereby authorize the closure of my account:

Name on the Account: \_\_\_\_\_

Closing Account Number: \_\_\_\_\_

I certify that all checks have cleared the account to be closed as well as all direct deposits and automatic payments have been stopped. By signing this form, I authorize you to release the remaining funds in my existing account in the form of a cashier's check made out to my new account:

Financial Institution: BECU Routing #: 325081403 Account #: \_\_\_\_\_

\_\_\_\_\_  
Primary Signature Date

\_\_\_\_\_  
Joint Signature Date

\_\_\_\_\_  
Joint Signature Date