



Request to Close Account Form

Date: _____

To: _____
Name of Financial Institution

From: _____
Primary Account Holder

Secondary Account Holder

Street Address

City, State, ZIP

Please close my following account(s):

Account Number: _____

Account Type: _____

Account Number: _____

Account Type: _____

Account Number: _____

Account Type: _____

Please send the remaining balance via:

(Mark selections with an "X")

_____ Close and send a check to Bellco for deposit
into Account Number: _____

**Bellco Credit Union—Processing Center
PO Box 2068
Glen Burnie, MD 21060**

_____ ACH Transfer to Bellco Account Number: _____
Routing Number: **302075018**

_____ Close and send a check to my mailing address

Thank you,

Signature: _____

Signature: _____