

REQUEST TO CLOSE

Account Form

Date: _____

To: _____

Name of Financial Institution

From: _____

Primary Account Holder

Secondary Account Holder

Street Address

City, State, Zip

To Whom It May Concern:

Please close my following account(s):

Account # _____

Acct Type _____

Account # _____

Acct Type _____

Account # _____

Acct Type _____

Please send the remaining balance via:

(Mark selections with an "X")

_____ Close and send a check to Bellco Credit Union for deposit
into account # _____

**Bellco Credit Union – Processing Center
PO BOX 2064
Glen Burnie, MD 21060**

_____ ACH Transfer to Bellco Acct# _____
Routing #302075018.

_____ Close and send a check to my mailing address

Thank you,

Signature: _____

Signature: _____