



EXISTING ACCOUNT CLOSING FORM

Complete this form and return it to your old bank. One form should be used for each request; please make copies as needed.

To: _____

Please close my account(s) listed below and send a check for the total balance (plus any interest accrued, if applicable) to the address listed below.

Please close the following account(s):

Account Number _____
Account Name _____
Type of Account _____
Social Security Number _____

If you require any additional information you can reach me at () _____ - _____
Best time to call: _____ am _____ pm

Please mail check to:

ME BEAVER VALLEY FEDERAL CREDIT UNION
601 – 37th STREET
BEAVER FALLS, PA 15010

**Thank you for your prompt attention to this matter.
Sincerely:**

Customer Signature _____ Date: _____

Joint Account Holder Signature _____ Date: _____

If you are unable to accept this form, please mail your authorized form to me at my address on record.