



# CONSUMER ACCOUNT CLOSURE REQUEST CHECKLIST

## HELP US PROCESS YOUR CONSUMER ACCOUNT CLOSURE REQUEST FASTER BY PROVIDING A FEW THINGS TO GET STARTED:

- Print and complete a Consumer Account Closure Request form located on [becu.org](https://www.becu.org).
- Gather the required documents and information (see below).
- Return the completed form and required documents and information by one of the following:
  - In person to any BECU location
  - Fax to **206-805-5612**
  - Mail to: **BECU**  
**Attn: Account Servicing M/S 1094-2**  
**PO Box 97050**  
**Seattle, WA 98124**

(Note: If returning form by fax or mail, please provide a photocopy of the required documents including photocopies of identification from all required signers.)

## HERE'S HELPFUL INFORMATION REGARDING CLOSING ACCOUNTS:

There are times when we are unable to close member share savings, checking, or other deposit account(s) and may require an account or loan to be closed, paid in full, or other issue resolved first. Accounts with negative balances must be brought positive before they can be closed.

## SOME REASONS WE ARE UNABLE TO CLOSE A SAVINGS ACCOUNT:

- Active loan, line of credit or Visa account with a balance
- Active Visa account
- Active checking account
- Active IRA or Money Market account
- Negative balance

## **SOME REASONS WE ARE UNABLE TO CLOSE A CHECKING ACCOUNT:**

- Active line of credit
- Negative balance
- Pending debit card transactions (unless the checking account is being replaced with a new account because of fraud)

## **WHAT'S NEXT?**

Thank you for providing the requested information and documentation. Upon review of your request, a representative may contact you to review the information provided. We may need additional information to complete the request.

If you have any questions, please contact a BECU representative at **800-233-2328**.

# CONSUMER ACCOUNT CLOSURE REQUEST



If you have any questions, please contact a BECU representative at **800.233.2328**.

- Close savings, checking, money market, or CD account (Complete sections 1, 2, and 6.)
- Cancel line of credit or credit card account (Complete sections 1, 3, and 6.)
- Close and open new account due to fraud (Complete sections 1, 2, 4, 5, and 6.)

1. Member Information					
MEMBER NAME					BECU USE ONLY
					Person #:
SOCIAL SECURITY NUMBER (SSN) / TAXPAYER ID NUMBER (TIN)					
HOME PHONE		WORK PHONE		MOBILE PHONE	DATE OF BIRTH
STREET ADDRESS (required)		CITY		STATE / PROVINCE	ZIP / POSTAL CODE
MAILING ADDRESS (if different than above)		CITY		STATE / PROVINCE	ZIP / POSTAL CODE
VALID PICTURE ID NUMBER		ID TYPE	ISSUE DATE	EXPIR. DATE	STATE & COUNTRY ISSUED
EMPLOYMENT <input type="checkbox"/> Employed <input type="checkbox"/> Self-Employed <input type="checkbox"/> Retired <input type="checkbox"/> Unemployed <input type="checkbox"/> Never Employed				EMAIL ADDRESS	
OCCUPATION / PREVIOUS OCCUPATION (if retired or unemployed)			EMPLOYER / PREVIOUS EMPLOYER (if retired or unemployed)		

## 2. Close BECU Deposit Account(s) (Not valid for IRAs.)

This request will:

1. Cancel all ATM/debit cards assigned to this account.
2. Suspend your line of credit for the associated checking account.
3. NOT cancel any payroll deductions, direct deposits, and/or automatic withdrawals or debits associated with this account. (It is your responsibility to cancel such transactions.)
4. Result in any items presented after the closure date to be dishonored and returned.
5. Deduct the penalty stated below from your total withdrawal if a CD account is selected for closure or early redemption.

### Indicate deposit account number(s)

ACCOUNT NUMBER(S)	CLOSURE DATE (max. 1 week out)
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### Indicate disbursement of balance

<input type="checkbox"/> Transfer balance to my BECU account	ACCOUNT NUMBER
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Issue check and mail to address below

ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
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### Indicate reason for closure

- Competitor rates   
  Convenience   
  Relocating / Moving   
  Member service   
  Consolidate BECU Accounts   
  Deceased  
 Fraud / Compromise   
  Fraud / Scam   
  Fraud / ID Theft   
  Other (must specify reason): \_\_\_\_\_

## 3. Cancel Credit Account

### Indicate type of account to close

- Personal Line of Credit   
  Home Equity Line of Credit   
  Visa® Credit Card

### Indicate reason for closure

- Competitor rates   
  Convenience   
  Relocating / Moving   
  Member service   
  Products and services selection   
  Deceased  
 Fraud / Compromise   
  Fraud / Scam   
  Fraud / ID Theft   
  Fees   
  Other (please explain): \_\_\_\_\_

### Indicate account number(s)

ACCOUNT NUMBER(S)	CLOSURE DATE (max. 1 week out)
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**4. What type of account do you want to open? (Fraud only.)**

**Select all that apply**

**Savings Account**  
 Issue new ATM card for:  Primary account holder  Joint account holder (1)  Joint account holder (2)

**Checking Account**  
 Issue new debit card for:  Primary account holder  Joint account holder (1)  Joint account holder (2)

**Money Market Account**  
 Issue new ATM card for:  Primary account holder  Joint account holder (1)  Joint account holder (2)

**CD**  
 How many months? \_\_\_\_\_  Add-To Option (complete Account to Account Transfer form)  
 Close out CD upon maturity  Transfer interest to another account  
 Deposit funds to account number: \_\_\_\_\_ Post to account number: \_\_\_\_\_

**5. Request Checks**

**Indicate information to print on checks**

My name  Joint account holder (1)  Joint account holder (2)  Address  Home phone  Mobile phone

Check design:  BECU Exclusive design  Other design: \_\_\_\_\_

**6. Agreements and Signatures**

(1) You have received, read, understood and agree to all of the terms and conditions contained in the Boeing Employees' Credit Union Account Agreements, BECU's Privacy Notice, Regulation D Explanation, and BECU's Consumer Account Disclosure, all as amended to date and all of which you will retain for your records; (2) Issuance of each ATM and/or Debit Card or other access device is specifically requested; (3) The information you have given in this application is complete, true, and submitted for the purpose of opening a deposit account with BECU now and/or later. You understand that we may rely on this information in our dealings with you now and in the future, and that it is a federal crime to willfully and deliberately provide incomplete or incorrect information to a state chartered credit union insured by the NCUA; (4) BECU may accept any order and instruction regarding the account(s) and any request for future services from the Primary or any Joint Account Holder(s) without the consent of or notice to the other Account Holder(s); (5) By opening a Checking Account, you authorize BECU to debit the cost of the checks from your Checking Account at the time of the check order; (6) BECU may make inquiries necessary to evaluate your applications and to conduct periodic reviews of your BECU accounts, including ordering a credit report, and you instruct BECU to obtain and use such information in determining to notify you about other products and services. You agree that we may tell others about our credit experience with you, and may report information about your accounts to credit bureaus. Late payments, missed payments, or other defaults on your accounts may be reflected in your credit report; (7) All of the credit or other information concerning you that BECU may obtain now or in the future will be compiled, stored, and used in accordance with BECU's Privacy Notice as amended from time to time; (8) By providing your email address, you agree that BECU may send marketing material to you electronically; (9) BECU and its service providers may contact you for non-marketing purposes at any telephone number you provide. BECU may use automated telephone dialing, text messaging systems, and electronic mail to contact you. The telephone messages are played by a machine automatically when the telephone is answered and may be recorded by your answering machine. Standard data and message rates may apply and you agree that BECU will not be liable for such fees. You agree to update us promptly when your telephone number changes. At any time, you may update such information or revoke your consent to receive non-emergency calls or text messages at a telephone number assigned to a wireless device (or any service that charges on a per-call basis) by contacting us at 800.233.2328 or other reasonable means.

**Signatures**

MEMBER SIGNATURE	DATE
JOINT ACCOUNT HOLDER SIGNATURE (1)	DATE
JOINT ACCOUNT HOLDER SIGNATURE (2)	DATE

**As primary member and/or joint account holder, I personally verified and confirmed all information displayed in sections 1 through 3 on the first page of this form, and sections 4 through 6 on the second page of this form. All such information is accurate, complete, and true, and BECU may rely on such information in BECU's dealings with me.**

MEMBER INITIAL	JOINT ACCOUNT HOLDER INITIAL	JOINT ACCOUNT HOLDER INITIAL
<b>BECU Use Only</b>	NEW ACCOUNT NUMBERS	DATE
		REP
<input type="checkbox"/> ID Verified <input type="checkbox"/> QualiFile®		

If form is not submitted electronically, please return completed and signed form to:  
 BECU MS 1094-2, PO Box 97050, Seattle, WA 98124-9750 or fax to 206.805.5612