

DECEASED TAX OWNER ACCOUNT CLOSURE REQUEST



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

- ☐ Close deposit accounts on which the decedent is primary (Complete sections 1, 2, 4 and 5).
☐ Cancel line of credit and/or credit card account (Complete sections 1, 2, 3 and 5).

You understand this request will:

- Close all accounts on which you are a joint account holder, and the decedent is the tax owner. However, accounts may be reopened without prior notice to you if we receive debits or transfer instructions that we are required to accept and settle because of contractual obligations, network or NACHA rules.
- Cause in any items presented after the closure date to be dishonored and returned.
- Cancel all ATM/debit cards assigned to this account.
- **Not** cancel any payroll deductions, direct deposits, and/or automatic withdrawals or debits associated with this account. (It is your responsibility as joint account holder to cancel such transactions.)

1. Decedent Information

DECEDENT NAME	BECU USE ONLY Person #:
DECEDENT SOCIAL SECURITY NUMBER (SSN)/TAXPAYER ID NUMBER (TIN)	

2. Joint Account Holder Information

JOINT ACCOUNT HOLDER NAME	BECU USE ONLY Person #:
JOINT ACCOUNT HOLDER SOCIAL SECURITY NUMBER (SSN)/TAXPAYER ID NUMBER (TIN)	

3. Cancel Credit Account

Indicate type of account to close

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

Indicate credit account number(s)

ACCOUNT NUMBER(S)

4. Distribute Remaining Funds

Indicate type of disbursement (select one option):

- ☐ Transfer balance to my BECU account number: _____
☐ Issue cashier's check and mail to following address: _____

5. Agreements and Signatures

The information you have given in this form is complete, true, and submitted for the purpose of closing accounts with BECU. 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. You further understand that your account may be reopened without prior notice to you if we receive debits or transfer instructions that we are required to accept and settle because of contractual obligations, card network, or NACHA rules. BECU's Account Agreements and all other items and conditions regarding your account govern your account when it is reopened and after your account is closed.

Signatures

JOINT ACCOUNT HOLDER SIGNATURE	DATE
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As joint account holder, I personally verified and confirmed all information displayed in sections 1 through 5 on this form. All such information is accurate, complete, and true, and BECU may rely on such information in BECU's dealings with me.

JOINT ACCOUNT HOLDER INITIAL		
BECU Use Only	DATE	REP

Please return completed and signed form to:
BECU MS 1094-2, PO Box 97050, Seattle, WA 98124-9750 or fax to 206-702-9125