



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 **800-223-2328**.

- 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			SOCIAL SECURITY NUMBER / TAXPAYER ID NUMBER		BECU USE ONLY Person #:
HOME PHONE	WORK PHONE	MOBILE PHONE	DATE OF BIRTH	MOTHER'S MAIDEN NAME	
STREET ADDRESS (required)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
MAILING ADDRESS (if different than above)		CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY
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)

Closing your account will cause most presented debits or transfer instructions to be dishonored and returned. However, if we receive debits or transfer instruction that we are required to accept and settle, we may reopen your account, post the debit or transfer, and close your account. This request will:

- Cancel all ATM / debit cards assigned to this account.
- Suspend your line of credit for the associated checking account.
- 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.)
- 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 balance disbursement

<input type="checkbox"/> Transfer balance to my BECU account	ACCOUNT NUMBER			
<input type="checkbox"/> Issue check and mail to address below	<input type="checkbox"/> Issue check in person			
ADDRESS	CITY	STATE / PROVINCE	ZIP / POSTAL CODE	COUNTRY

Indicate reason for closure

<input type="checkbox"/> Competitor rates	<input type="checkbox"/> Convenience	<input type="checkbox"/> Relocating / Moving	<input type="checkbox"/> Member service	<input type="checkbox"/> Consolidate BECU Accounts	<input type="checkbox"/> Deceased
<input type="checkbox"/> Fraud / Compromise	<input type="checkbox"/> Fraud / Scam	<input type="checkbox"/> Fraud / ID Theft	<input type="checkbox"/> Other (must specify reason): _____		

3. Cancel Credit Account

Indicate type of account to close

<input type="checkbox"/> Visa® Credit Card	<input type="checkbox"/> Personal Line of Credit	<input type="checkbox"/> Home Equity Line of Credit	PAY RECONVEYANCE FEE FROM DEPOSIT ACCOUNT
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Indicate reason for closure

<input type="checkbox"/> Competitor rates	<input type="checkbox"/> Convenience	<input type="checkbox"/> Relocating / Moving	<input type="checkbox"/> Member service	<input type="checkbox"/> Products and services selection	<input type="checkbox"/> Deceased
<input type="checkbox"/> Fraud / Compromise	<input type="checkbox"/> Fraud / Scam	<input type="checkbox"/> Fraud / ID Theft	<input type="checkbox"/> Fees	<input type="checkbox"/> 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 Account Add-To Option (complete Account to Account Transfer form, located at becu.org/support/forms under Account Management)
 How many months? _____

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, 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) 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.

You understand that we will continue accept and settle debits, transfer instructions and checks as we receive them while we process your closure request. Once the account closure process is complete, we have no obligation to accept or settle deposits or pay outstanding checks or other items presented for payment. However, we may receive a debit or transfer instruction that we are required to accept and settle because of contractual obligations, card network or NACHA rules including but not limited to debit card transactions, automatic clearing house transactions, bill pay or Zelle® transactions, and checks you deposited that were returned unpaid, in which case we will reopen your account for purposes of accepting and settling the debits and transfer instructions. This means that we may reopen your account at any time to deduct from your account the amount of any debits or transfer instructions that we receive that we are obligated to accept and settle even if doing so creates a negative balance in your account. We will close your account after we settle the debit or transfer instruction. BECU's Account Agreements and all other terms and conditions regarding your account govern your account when it is reopened and after your account is closed. You agree to immediately pay all amounts you owe us including but not limited to the negative balance in your account, any fees, costs, and expenses incurred while collecting or attempting to collect such amount from you. You agree that we may report information about your account to credit bureaus and it may show up on your credit report as unpaid debt.

PRIMARY 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.

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