

ACCOUNT CLOSURE REQUEST FORM



6311 Court Street Rd., E. Syracuse, NY 13057
E-Mail: beacon@beaconfederal.com
www.beaconfederal.com

Phone: (315) 433.0111
Fax: (315) 362.6633
Toll Free: 1.888.815.3800

Date _____

Name of Institution _____

Address _____

City _____ State _____ Zip _____

To Whom It May Concern: (check one)

As of _____,
(Date)

Please close the account(s) noted below and wire the balance and any interest accrued from:

Account 1 _____
(Old Account Number) _____
(New Account Number) _____
_____ (Old Routing Number) _____
_____ (New Routing Number) _____

Account 2 _____
(Old Account Number) _____
(New Account Number) _____
_____ (Old Routing Number) _____
_____ (New Routing Number) _____

Account 3 _____
(Old Account Number) _____
(New Account Number) _____
_____ (Old Routing Number) _____
_____ (New Routing Number) _____

Please close the account(s) noted above and mail the balance and any interest accrued to the address below.

Upon closure of the account(s), please send a confirmation to the address below.

Customer's Signature/Print Name _____

Title _____

Account Number with Payee _____

Business Name _____

Address _____

City _____ State _____ Zip _____

Phone Number _____