



# Account Closing Request

To: \_\_\_\_\_

From: \_\_\_\_\_

\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Please close the following accounts with your institution:**

Account # _____	Checking	Savings	Money Market	Other _____
Account # _____	Checking	Savings	Money Market	Other _____
Account # _____	Checking	Savings	Money Market	Other _____
Account # _____	Checking	Savings	Money Market	Other _____

Please send any funds remaining in these accounts to:

My address  
shown above.

My account at:  
BayPort Credit Union  
One BayPort Way, Suite 350  
Newport News, VA 23606

Account Number: \_\_\_\_\_

Share Type \_\_\_\_\_

Primary Account Holder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Secondary Account Holder Signature: \_\_\_\_\_