



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
3711 Huntington Avenue
Newport News, VA 23607

Account Number: _____

Share Type _____

Primary Account Holder Signature: _____ Date: _____

Secondary Account Holder Signature: _____