



# Blue Water Federal Credit Union

## Account Closure Request

Member Name	Account #
Phone #	Email Address

I hereby authorize Blue Water Federal Credit Union to close my account. I have verified that all my outstanding checks have cleared and my direct deposit(s), automatic payment(s) or withdraw(s) have been stopped. I understand that if any of the transaction types listed above were to occur once the account is closed, they will be returned.

### Please disburse my funds in the following manner:

- |  |  |
|--|--|
| <input type="checkbox"/> Cash Withdrawal (in Branch Only)                        | <input type="checkbox"/> Mail Check to Address on File*  |
| <input type="checkbox"/> Check (in Branch Request)                               | <input type="checkbox"/> Transfer to other BWFCU Account*<br>Account #: _____<br>Suffix: _____ |
| <input type="checkbox"/> Wire Funds* (wire form must be completed. Fee Applies.) |  |

### Reason for closing account:

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I certify that the above information is true and correct. I understand that my account will be closed within 2-5 business days from receipt of this request. I also understand that the funds will be disbursed as requested above if this request is faxed to: (810) 985-4039; emailed to: member.services@bluewaterfcu.org; or mailed to: Blue Water Federal Credit Union, Attn: Member Services, 526 Water St Ste 113, Port Huron, MI 48060.

**\*A copy of your driver's license or other type of government issued ID must accompany this form if not closing in person.** Failure to include a copy of your ID will result in a delay with your request.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

CREDIT UNION USE ONLY							
Received by:		Date:		Processed by:		Date:	