



## Request to Close Account - Non BFCU (For Accounts at Other Financial Institutions)

PO Box 12400, Charlotte, NC 28220 • 1-888-258-3352 • FAX (704) 523-8906  
BlueFlameCU.org • blueflame@blueflamecu.org

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Use this form to request account(s) at another financial institution be closed and request that all funds be deposited to your account at Blue Flame Credit Union.

**If you wish to close accounts with multiple financial institutions, you must use a separate form for each institution. The completed form should be sent directly to your other financial institution, not to BFCU.**

### FINANCIAL INSTITUTION INFORMATION

NAME OF FINANCIAL INSTITUTION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

To Whom It May Concern:

Please accept this as official notice that I wish to close my account(s.) I certify that all my checks and automatic debits have cleared and that any previous direct deposit arrangements have been canceled. Listed below you will find my account details, please contact me should you require further information.

ACCOUNT HOLDER NAME \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

ACCOUNT HOLDER ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

Please mail the remaining balance in my account to:

**Blue Flame Credit Union**  
**PO Box 12400**  
**Charlotte, NC 28220**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

UPON COMPLETION THIS FORM SHOULD BE SENT DIRECTLY TO YOUR OTHER FINANCIAL INSTITUTION.  
**DO NOT MAIL THE FORM TO BLUE FLAME CREDIT UNION.** POLICIES OF FINANCIAL INSTITUTIONS VARY,  
YOUR OTHER INSTITUTION MAY REQUIRE ADDITIONAL INFORMATION BEFORE CLOSING THE ACCOUNT.