BIEICIU

Close Accounts Owned by Minors

Use this form to close Early Saver accounts and other accounts owned by minors. Do not use this form to close fiduciary accounts or for fraud replacement account closures.

Closure requests for accounts owned by minors require signatures from all parents or guardians who are joint account holders on the account. By closing your Early Saver account, you will lose access to online, mobile, and telephone banking.

Your Early Saver account must remain open if you have any of the following:

- Active deposit or IRA accounts
- Negative balances
- Pending debit transactions
- Pending transaction disputes

BECU will not cancel any preauthorized transactions. Redirect all recurring transactions, including automated ACH transfers and bill payments, to a different account before you close your account(s).

Step 1. Account holder information						
Primary Full Name		Date of Birth		SSN / TIN (9 digits)		
Joint account holder (A)						
Full Name		Date of Birth		SSN / TIN (9 digits)		
ID Type	Issue Date		Expiration Date			
ID Number	State Issued		Country Issued			
Joint account holder (B)						
Full Name		Date of Birth		SSN / TIN (9 digits)		
ID Type	Issue Date		Expiration Date			
ID Number	State Issued		Country Issued			

Step 2. Close deposit accounts

This request will cancel all ATM and debit cards associated with these accounts. List the account number(s) you wish to close.

Acc	count Number #1	Acco	unt Number #2			
Account Number #3			Account Number #4			
Dis	burse account balance(s)					
\bigcirc	Issue check in person (in-person closures only).					
\bigcirc	Transfer to BECU deposit account number (10 digits):					
	Donate closing balance to BECU Foundation (\$10 maximum donation). * BECU Foundation provides scholarships to members and their families. Learn more at www.becu.org/Foundation.					
\bigcirc	Mail a check to the address on file.					
\bigcirc	Mail a check to address below. The address on file will not be updated.					
	Address					
	City		State/Province	ZIP/Postal Code		
	Country			Country Code		
Rea	ason for closure					
\bigcirc	Consolidate BECU accounts	○ Fra	aud (no replacemer	nt account)		
\bigcirc	Competitor rates	Product or service issue				
\bigcirc	Convenience	Relocating or moving				
\bigcirc	Due to fees	Other (please specify)				

Step 3. Account Settlement Agreement

Important: Please make sure you read and understand the following:

- We will continue to accept and settle debits, transfer instructions, and checks as we receive them while we process your closure request.
 - Once the account closure process is complete, we have no obligation to accept or settle deposits or pay outstanding checks or other items presented for payment. However, we may receive a debit or transfer instruction that we are required to accept and settle because of contractual obligations, card network or Nacha rules including but not limited to debit card transactions, automatic clearing house transactions, bill pay or Zelle® transactions, and checks you deposited that were returned unpaid, in which case we will reopen your account for purposes of accepting and settling the debits and transfer instructions. This means that we may reopen your account at any time to deduct from your account the amount of any debits or transfer instructions that we receive that we are obligated to accept and settle even if doing so creates a negative balance in your account.
- We will close your account after we settle the debit or transfer instruction. BECU's Account Agreements and all other terms and conditions regarding your account govern your account when it is reopened and after your account is closed.
- You will immediately pay all amounts you owe us including but not limited to the negative balance in your account, any fees, costs, and expenses incurred while collecting or attempting to collect such amount from you.
- We may report information about your account to credit bureaus as it may show up on your credit report as unpaid debt.

Step 4. Acknowledgment

By signing below, I certify that I have read, understand, and agree with the above agreements. Further, I personally verified and confirmed that all information provided and displayed in this form is accurate, complete, true, and submitted for the purpose selected above. I understand that BECU will rely on such information in BECU's dealings with me.

Minor Signature	Printed Name	Date (mm/dd/yyyy)
Parent or Guardian Signature	Printed Name	Date (mm/dd/yyyy)
Parent or Guardian Signature	Printed Name	Date (mm/dd/yyyy)

If form is not submitted electronically, please return all pages of the completed and signed form to:

BECU

M/S: Account Servicing 1094-2 PO Box 97050 Seattle, WA 98124-9750

BECU only						
Employee Name		Location Name	Date			
ID Verified	Person Number		Check Issued			