



Experience the Difference!

***I'm Making the Switch to OMEGA Federal Credit Union.
Close My Account Request***
(Send this form to the financial institution where you are closing the account)

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____ Email: _____

My OMEGA Federal Credit Union Account Number is: _____

OMEGA FCU's Routing Number is: **243083347** Account type: _____
(Savings, Checking, etc.)

Please close my account at: _____

Address of Financial Institution: _____

City: _____ State: _____ Zip: _____

Account Number: _____ Account Type: _____

Account Number: _____ Account Type: _____

Account Number: _____ Account Type: _____

Account Number: _____ Account Type: _____

Please check one:

Mail the remaining balance of you account (s) to my address listed above.

Send the balance of my account (s) to be deposited at OMEGA Federal Credit Union, PO BOX 15038
Pittsburgh, PA 15237.

I hereby authorize my account(s) to be closed and for OMEGA FCU to accept all deposits sent. It is understood that a photocopy of this form will also serve as authorization.

Primary Account Owner Name: _____ Signature: _____ Date: _____

Joint Owner Name: _____ Signature: _____ Date: _____

Please maintain a balance in your old account to cover all outstanding deposits and withdrawals. OMEGA FCU is not responsible for charges occurred for insufficient funds. Please mail this form to Financial institution where you are closing the account and keep a copy for your records.

