



**OMEGA**  
Federal Credit Union

P.O. Box 15038  
Pittsburgh, Pa 15237-3786  
Phone: 412.369.3800  
Fax: 412.369.3828

I'm Making the Switch to OMEGA Federal Credit Union.  
**Close My Account Request**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

My OMEGA Federal Credit Union Account Number is: \_\_\_\_\_

OMEGA FCU 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  
P.O. Box 15038  
Pittsburgh, Pa 15237

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

Account Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Joint Owner Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

