P.O. Box 2069
Glen Burnie, MD 21060

1.800.628.7070 Tel
www.lovebethpage.com

WITHDRAWAL/TRANSFER SLIP

Accounts of: _____
(Name of Deceased)

Recipient Information:

Last Name	**First Name**		**Social Security Number**
Address		**City**	**State** **Zip**
Home Phone	**Cell Phone**	**Work Phone**	

Please check one (1) option:

- ☐ Open a new account with completed opening documents
- ☐ Withdraw funds and issue Official Check
- ☐ Transfer funds to Bethpage Federal Credit Union account # _____

Signature _____ Date _____

By signing this form, I acknowledge that I am the recipient of the account(s) of the above deceased person. Furthermore, under penalty of perjury, I certify that the Social Security Number shown on this document is my correct taxpayer identification number.

FOR FINANCIAL INSTITUATION USE ONLY:

Withdrawal Transfer Slip Received on_____ by_____

Processed Request on _____by_____