

Close an account



Please write clearly in the white spaces with capital letters or cross the boxes.

Please select which type of account is being closed.

This form is to close an account only. Please use a transfer request to transfer an account.

Personal

Business Banking

1 Your personal details

Your last name

Your first names

Your daytime telephone number and area dialling code

House number/name

Details if payment to be sent to another address (for UK, please include the post code)

Post code

Please cross to authorise us to change the address on your open accounts as captured within the box details above

2 Details of account(s) to be closed

Sort code

Account number

Sole/Joint (S/J)

Date of closure (if specific date in the future)

Note: Please remember that you must redirect all credits to the account. Standing Orders and Direct Debits which are not transferred to another account will be cancelled.

3 Cheque book and debit card/bankers card details

If you have a debit card/other plastic card, has it been destroyed?

Yes

No

If you have a cheque book/card, has it been cancelled or destroyed?

Yes

No

Note: If a cheque book/card has not been destroyed or returned to the Bank, please destroy them immediately.

4 Authorisation and disposal of funds

To a TSB account

Name of account holder

Sort code

Account number

Other bank

(CHAPS Payment)

Name of account holder

Sort code

Account number

Reference number (if applicable)

Cash

Funds going abroad (IMT Payment)

By cheque

Name of payee

Other

Please give details

Customer's signature

Date

Joint party's signature (if both signatures are required)

Date



To be completed by branch

Personal account



Business account/Connected personal



Requests made at the branch must be closed there unless the funds are to be transferred abroad or if system restrictions apply.

Send this request to the Relationship Manager for authorisation.

Confirm actions taken, and bear in mind whether or not all the customer's accounts are closing.

Customer informed S/O and D/D will be cancelled unless transferred



Charges checked and sufficient funds available to pay



Customer notes added



Customer asked to redirect credits



Passbook has been cancelled



DD for CLP loan payment transferred to another a/c



Overdraft deleted



Confirm no outstanding debits



Customer advised to cancel regular payments on debit card with payee



Cheque book returned and/or destroyed



Plastic card(s) returned and/or destroyed



For Cashflow/Budget accounts, cancel the insurance standing order on the current account (if applicable)



Reason for closure

To competitor

Complaint

Debt

Other



ID confirmed/Signature(s) checked?

Yes

No

What document has been seen?

What is the reference number?

Check for the following indicators and action/remove as appropriate.

	Yes	No	Actioned/Removed		Yes	No	Actioned/Removed		Yes	No	Actioned/Removed		Yes	No	Actioned/Removed
09	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	48	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	72	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	46	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Closing balance (£)

Account closed by (name)

If the request must be sent to the Account Closure Unit (ACU) to close the account, complete the information below.

Reason form is being sent to ACU

Foreign recipient



System restriction



Branch stamp (with today's date)

All other requests must be completed in branch.

Branch name

Contact name

Sort code

Date

To be completed by Relationship Manager

for Business Banking or connected Personal customers

Account closure authorised by: Name

Signature

Date