

Close an account



Please write clearly in the white spaces with capital letters or cross the boxes.
This form is to close an account **only**. Please use a transfer request to transfer an account.

Please select which type of account is being closed.

Personal

Business Banking

1 Your personal details

Your full name

Last name	<input type="text"/>
First names	<input type="text"/>

Business/correspondence address (**Business customers only**)

Postcode

Your daytime telephone number and area dialling code

House number/name

Not applicable for business customers

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

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)

Is this a Business account?

Yes	No
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Date of closure (if specific date in the future)

D	D	M	M	Y	Y	Y	Y
<input type="text"/>							
D	D	M	M	Y	Y	Y	Y
<input type="text"/>							
D	D	M	M	Y	Y	Y	Y
<input type="text"/>							

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?

Note: If a card has not been destroyed or returned to the Bank, please destroy it immediately.

Yes

No

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

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

Yes

No

4 Authorisation and disposal of funds

To a TSB account

Name of account holder

Sort code

Account number

Other bank

(Faster Payment/
CHAPS details)

Name of account holder

Sort code

Account number

Reference number (if applicable)

Cash

Funds being sent outside the UK (IMT Payment)

By cheque

Name of payee

Other

Please give details

Business customers: the closure request **must** be signed in accordance with your account signing instructions.

Customer's signature

Date

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

Date

Business customer's signature

Date

Business customer's signature

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 sent outside the UK or if system restrictions apply.

For business customers scan and upload and Send email to Account closures

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

Customer informed Standing Order and DD 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												
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