

Closure of Account(s) Form

Customer ID:

(Office Use Only)

Account No:

Account Holder(s) Details

This form is to close an account only. Please note we cannot make payments to third parties, and you must provide us with your passbook to be able to close your account. **You may be required to provide identification to close an account.** Please visit www.srbs.co.uk 'Proving your Identity' leaflet for more details.

If the account holder is deceased this section is to be completed by the personal representative's or executors to the estate. We may require additional documentation prior to closing the account/s.

ACCOUNT HOLDER 1		ACCOUNT HOLDER 2	
*Title		*Title	
*First name(s)		*First name(s)	
*Surname		*Surname	
*Address		*Address	
*Date of birth		*Date of birth	
*NI Number		*NI Number	
*Telephone		*Telephone	
*Email		Email	

Account Details

If you have lost your passbook you will need to provide us with identification. We will require one form from List A and one from List B. Please visit www.srbs.co.uk 'Proving your Identity' for more details.

Account Number(s)	Sole or Joint (S/J)	Passbook Provided (Y/N)
1:		
2:		
3:		
4:		

Payment Method for Remaining Funds

*Please tick the preferred payment type below:	
Cash Closure	<input type="checkbox"/>
Cheque Closure	<input type="checkbox"/>
Transfer to another Stafford Building Society account	<input type="checkbox"/>
Electronically to a nominated Bank account	<input type="checkbox"/>

If transferring to another Stafford Building Society account:	
Account Name	
Account Number	

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If you wish your account to be closed by faster payment to a nominated bank account, please complete the following details:

Sort Code	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	Account Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Card Holder(s) Name																
Bank Name																

Closure Reason

What is your reason(s) for closing this account(s)?

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Agreement and Declaration

By signing below, you are requesting us to close the accounts specified.

For all Faster Payment Closures - It is your responsibility to check the bank details listed above are correct, as any errors may result in your payment not being processed. You confirm by signing below that the bank details detailed above are correct, that you understand that it is your responsibility to ensure the information given is accurate and, should the above details be incorrect, the Society is not liable for any resultant losses.

(Signatures from all parties are required for joint accounts)

Signed - Account holder 1		Signed - Account holder 2	
*Signature		*Signature	
*Date		*Date	

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Stamp Passbook <input type="checkbox"/>	Check Signature Matches <input type="checkbox"/>	ID Seen if required <input type="checkbox"/>	Nominated bank account checked <input type="checkbox"/>
Input by		Actioned by	