Request to close an account

BANK OF SCOTLAND

1 Account details

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

Please use separate form for every 5 accounts

Standing Orders and Direct Debits which are not transferred to another account will be cancelled

Account name

Dandyford

Sort code

2 0 2 0 2 6

Account number

1 0 0 7 2 6 6 0

1 2 2 0 2 6

2 Beneficiary details (please select one option only)

To Bank of Scotland account

Beneficiary name

Sort code

Account number

Electronic Payment

(May be chargeable as specified in your Core Banking Agreement)

- Chaps Payment: £100,000 or more **£30 charge**
- Faster Payment: less than £100,000 **No charge**

X

Beneficiary name

Dandyford

Sort code

2 3 8 3 9 6

Account number

0 4 9 1 9 0 8 8

Cheque

Beneficiary name

Address to be sent to

Postcode

3 Account holder details

To be signed in accordance with the bank mandate

Print name

Paul Birch

Account holder's signature

Date 24 / 01 / 2020

Print name

PAUL BIRCH

Account holder's signature

Date

Print name

Account holder's signature

Date

Print name

Account holder's signature

Date

Please post this completed form to: Sighthill North, 2 Bankhead Crossway North, Edinburgh, EH11 4DT.