

## Transfer from joint to sole account

Name of account holder 1 .....

Address of account holder 1 .....

Name of account holder 2 .....

Address of account holder 2 .....

Sort code ..... Account number .....

We'd like to request that the above account is to be transferred from a joint account into the sole name of:

### We request and authorise the following:

- 1) The transfer of any credit balance that's currently held in our joint account to the sole account holder.
- 2) To credit the sole account with any deposits which may have been made in joint names which are currently being processed.
- 3) To debit the sole account with any withdrawals which may have been made in joint names which are currently being processed.

**As parties to this account and to confirm agreement of the above, please provide each signature and date below:**

Signature ..... Date .....

Signature ..... Date .....

**Please note that the sole account holder will have sole liability for any overdraft provided on the account, if the request is successful. Please return the ATM/debit card belonging to the person being removed from the account, as the card will no longer be valid. For security reasons, the card must be cut in two prior to returning.**

If the card isn't returned with this form, please state the reason why below, and sign to confirm that the card won't be used after the date specified.

Reason for non-return of card .....

Signature ..... Date .....

**Please complete and return to The Co-operative Bank p.l.c. PO Box 640, Salford, M5 0JS**

**Please call 03457 212 212\* (lines open 8am to 8pm, 7 days a week) if you would like to receive this information in an alternative format such as large print, audio or Braille.**

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\*Calls to 03 numbers cost the same as calls to numbers starting with 01 and 02. Calls may be monitored or recorded for security and training purposes. Information correct as at 07/2020.