

# The **co-operative** bank

for people with **purpose**

**We're sorry to hear you want to close your account.**

Our customers are important to us, and we're always happy to hear from them. If you have any feedback about your business banking experience, please do not hesitate to get in touch.

We are making constant changes and improvements to our business banking products and services. You can visit our website to find information about what we are currently working on, and what we have planned for the future.

**If you want to tell us more about your business banking experience, call us on:**



+44(0)3457 213 213

**Thank you for banking with the UK's only high street bank with a customer-led Ethical Policy. We hope to see you again.**

We're sorry that our customer service is causing you to close your account. All of our customers are important to us and we'd love the opportunity to resolve any problem you've had. You can speak to one of our advisors on **+44(0)3457 213 213**.

**Business/organisation name**

Full name of business/organisation

Address

Postcode

Business/organisation email

Business/organisation **day time** telephone number

**Account details** – Please list all accounts. If you need more space, please use the back of the form.

Accounts to be closed

|           |                |
|-----------|----------------|
| Sort code | Account number |
| Sort code | Account number |
| Sort code | Account number |

If your instruction is to close all accounts, please note that any linked Visa cards and foreign accounts will also be closed.

**What is the main aspect of our customer service has led to you closing your account?**

|  |   |
|--|---|
| <input type="checkbox"/> Call waiting times                    | <input type="checkbox"/> Complaint handling         |
| <input type="checkbox"/> Location or accessibility of branches | <input type="checkbox"/> Account opening experience |
| <input type="checkbox"/> Call centre staff support             | <input type="checkbox"/> Something else             |

**Transfer of balances** – Please provide the destination account details so that we can transfer your balances

Account name

Sort code

Account number

Reference if applicable

**Authorisation**

Please ensure this form is signed in accordance with your account mandate; should you require more signatures, please attach an additional form. By signing this form you are agreeing to the closure of your account. Any outstanding charges will be applied to your account before any money is returned to you.

|                    |                    |                    |
|--------------------|--------------------|--------------------|
| Customer Signature | Customer Signature | Customer Signature |
| Date               | Date               | Date               |
| Day Month Year     | Day Month Year     | Day Month Year     |