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.

The **co-operative** bank

Account Closure Instructions

We're sorry to hear that you've stopped trading, if your circumstances change we hope you'd choose to bank with us again.

Business/organisation name

Full name of business/organisa	tion																				
Address																					
													Posto	code							
Business/organisation email									Ви	isines	s/org	aniso	ation	day t	ime	telep	hone	e num	nber		

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.						

Could you please tell us why your business or organisation is no longer trading?

My business has gone into liquidation	
Selling my business	
I am retiring	

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

Account name
Sort code
eference if applicable
Diago ansure this form is signed in accordance with your account mandate: should you require more signatures plago attach an additional form. By sign

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						