

# 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 to hear that charges or fees are causing you to close your account. Did you know we offer a range of alternative products? If you're interested, you can speak to one of our advisors for help on +44(0)3457 213 213, or check out our range of other accounts and products.

**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.

**Which is the main product fee or charge that has caused you to close your account?**

<input type="checkbox"/> Monthly fee	<input type="checkbox"/> Post Office usage fees
<input type="checkbox"/> Cash and cheque deposit fees	<input type="checkbox"/> Online charges
<input type="checkbox"/> Transaction fees	<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