## **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	Sort code       Account number         Image: Im
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         Beneficiary name       Image: Standard Standar	Sort code Account number
Cheque Seneficiary name	Address to be sent to
	Postcode
3 Account holder details	
To be signed in accordance with the bank mandate	
Print name	Print name
Account holder's signature	Account holder's signature
Date	Date
Print name	Print name
Account holder's signature	Account holder's signature
Date	Date

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