

MONEYWISE ACCOUNT CLOSURE REQUEST



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Please complete all sections and make sure you sign the form. Send your form to: Scotwest Credit Union, 13 Elmbank Street, Glasgow, G2 4PB.		Scotwest Credit Union, 1	ions and make sure you sign the form. Send your form to: L3 Elmbank Street, Glasgow, G2 4PB.
If you need any further h	nelp or information, please call 0141 227 2390	If you need any further h	help or information, please call 0141 227 2390
Account Number:		Account Number:	
Name:		Name:	
Address:		Address:	
Postcode:		Postcode:	
Contact Telephone:		Contact Telephone:	
Reason for Closure:		Reason for Closure:	
I authorise the closure of the following Bank/Build	f this account and request that any funds be paid into ling Society Account:	I authorise the closure of the following Bank/Build	f this account and request that any funds be paid into ding Society Account:
Sort Code:		Sort Code:	
Account Number:		Account Number:	
Bank / Building Society Name & Address:		Bank / Building Society Name & Address:	
Building Society Ref No:		Building Society Ref No:	
Account Holder Signature:	Date:	Account Holder Signature:	Date:
Signature not required for child	Iren under the age of 8	Signature not required for child	dren under the age of 8
For children under the ag	ge of 13, the account Trustee must also sign below:	For children under the ag	ge of 13, the account Trustee must also sign below:
Trustee Name:		Trustee Name:	
Trustee Signature:	Date:	Trustee Signature:	Date:

REV1018