

Please complete all sections and make sure you sign the form. Send your form to:
Scotwest Credit Union, 13 Elmbank Street, Glasgow, G2 4PB.

If you need any further help or information, please call 0141 227 2390

Account Number:

Name:

Address:

Postcode:

Contact Telephone:

Reason for Closure:

I authorise the closure of this account and request that any funds be paid into
the following Bank/Building Society Account:

Sort Code:

Account Number:

Bank / Building Society
Name & Address:

Building Society Ref No:

(If applicable)

Account Holder
Signature:

Date:

Signature not required for children under the age of 8

For children under the age of 13, the account Trustee must also sign below:

Trustee Name:

Trustee Signature:

Date:

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