Form for closing an account



General information	
Account number/IBAN	
Account description	
Account number/IBAN	
Account description*	
Account number/IBAN	
Account description*	
The account(s) is/are to be closed on	
*complete only if the account name differs from that of the first account number	
Transfer of remaining balance (applies to all listed account	ts)
☐ Please transfer the balance to my PostFinance account	
Account number	
Account description	
☐ Please transfer the balance to my bank account	
Name and location of bank	
Postal account of bank	
IBAN/bank account no. of final beneficiary	
BIC	
End beneficiary	
Desired payment currency	
Reason for termination	
Conditions: Pricing/prices interest rates/inter	rest rate limit
☐ Inactive account (is not used)	
Several post accounts: merge	
☐ Switch to another financial institution	
☐ Dissolution of company or association	
☐ Inadequate service	
General dissatisfaction with PostFinance/Swiss Post	
Personal reasons: marriage/separation	
Deceased	
Other reasons, which	
Date	Location
Last name	Last name
First name	First name
Signature \(\bigcirc \)	Signature
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(For collective signatures, two signatures are require	

Please send the form to: PostFinance Ltd, Scan Center, 3002 Berne



