

## **UNITY SMALL FINANCE BANK**

## **Account Closure Form**

Branch :		Date	:		
Account No :		Account Type: SB/CA/OD/Other			
Name of the Account Holo	<u>er</u> :				
1.					
(Surname)		(First Name)		(Middle Name)	-
2.					
(Surname)		(First Name)		(Middle Name)	
Savings Bank / Current Acc					
Please close my/our above a	account held with yo	our Branch and pay	the balance in th	e account by	
Cash	Pay Order	Demand Draft	NEFT	A/C TRANSFER	
Cheque Book					
I/We are surrende	ering the cheque no.	from	to		
<ol><li>I/We confirm that</li></ol>	unused cheque leav	ves are destroyed b	y me/us.	· · · · · · · · · · · · · · · · · · ·	
3. I/We confirm that	I/We do not have a	ny unused cheque l	eaves.		
ATM					
/We are surrendering ATM	Card no			·	
Credit Card					
/We are surrendering Cred	t Card no			·	
Reason for Closure of Accor	unts :				
1. Shifting of Office					
	s / Change in Consti				
	vice / Unhappy with				
	please specify				
5. Comments :					·
Signature of 1st Applicant)			(Signature of 2	Applicant)	
		For Bank's u			
Cheque Book : Destroyed / Not Issued			ATM card Credit card		
				, ,	
Balance in the Account  Disbursed by	Rs		Servi	ce Charges Rs.	
Cash NEF	T Pay (	order no	dated	for Rs	
<u> </u>					
Phone Banking de linked :	Yes	No	ATM	Card delinked	
			Cred	it Card delinked	
Signature Verified : (Officer)			Approved : (Branch Manager)		
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