

Triodos Bank. Business Account Closure Request Form

Organisation Name

Account number(s)

Please transfer the closing balance as follows:

Bank:

Branch:

Sort code: - -

Account name:

Account number:

Reference (if applicable):

Authorisation

I certify that I am authorised to sign for the above-named Organisation and for all accounts listed.

Account Operator 1

Name

Date / /

Signature (optional, see below)

Account Operator 2

Name

Date / /

Signature (optional, see below)

Account Operator 3 (if required by your mandate)

Name

Date / /

Signature (optional, see below)

To authorise this form, it must be attached to Chat messages in Internet Banking by all the above-named Account Operators. If one or both of the Account Operators do not have access to Internet Banking, please sign the document and post to us at the address below. **Please note, this signature must match the one on our records.**

Large print, braille and audio versions
available on request

Registered office:

Triodos Bank
Deanery Road
Bristol, BS1 5AS

Telephone: 0330 355 0355
www.triodos.co.uk

Calls to and from Triodos Bank may be recorded for training and monitoring purposes.

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