

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 (electronically or print and scan) and email the document to **business.services@triodos.co.uk**. Please note, this signature must match the one on our records.

Large print, braille and audio versions
available on request

Registered office:

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www.triodos.co.uk

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

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