

**To Community Savings Limited,
Jersey, Channel Islands**

.....
(Common Interest Group)

Closure of Account

(Please complete in BLOCK CAPITALS in ink and return to the Credit Union)

Account No.

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Surname (Mr/Mrs/Miss/Ms)

All Forenames

Home Address

Postcode

Telephone (Home)

(Work)

Please accept this request as my authority to close my account, including any interest due, issuing me with a cheque in respect of the balance

Signature

Date

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Reason for closure (Please tick below as appropriate)

No longer required

Dissatisfied with service

Other

For office use only:

Cheque number

Date Collected/Posted

Initials of person/s issuing cheque