Account Closure Form



Please complete this form in CAPITAL LETTERS. Mark answers in boxes with a cross (X) where required.

ACCOUNT DETAILS			
Account Name			
Account No.			
Phone No.	Alt	ternative No.	
E-mail Address			
Account Type (Solo, Access Advantage, etc.)			
TRANSFER FUNDS			
Complete this section if you would like your funds migrated to another account within the Bank, or a new account opened for you.			
A. Do you want to migrate to an existing account? Yes No			
If yes, specify account details below.			
Account Name			
Account No.			
B. Would you want an account opened for you? 🗌 Yes 🗌 No			
Account Type (Solo, Access Advantage, etc.)			
FORM OF IDENTIFICATION			
National ID Card International Passport Driver's Licence Student's ID Card (Solo Account)			
REASONS OF CLOSURE			
Bank charges unacceptable Poor service quality Product does not meet my need			
Borrowing facilities declined Change of employer			
Minimum threshold too high Account is no longer required. I have another account with Access Bank.			
Any other reasons? Please specify below.			
ACKNOWLEDGMENT			
I hereby acknowledge the receipt of draf	t amounting to:	\mathbb{H}	
Customer Signature	I	Date	
FOR BANK'S USE ONLY			
Comments (RM/BSH):			
Signature/Date		Signature/Date	
Relationship Manager	I	Branch Service Head	