

ACCOUNT CLOSURE FORM

Please fill the details in CAPITAL LETTERS (*) Fields are mandatory Please strike off as NA, fields which are not applicable

 Account No.

Account Details

Section A

I/We request you to close my/our Current/ Saving Account/Fixed/Recurring Deposit Name

 1st Holder Name
 Image: Ima

Please tick the appropriate option(s):

S. N.	Product	(√)	S. N.	Product	(√)	S. N.	Product	(√)	S.N.	Product	(√)
1	CASA		3	Locker		5	Other ECS/SI		7	Loan	
2	FD/RD		4	SI for Kids		6	ACH Debit Clearing		8	Gold Loan	

Li I/We am/are aware that my/our savings/current account will not get closed, in case of any of the above product(s) is/are linked to my/our savings/current account and I have not submitted additional request for delinking or closing these products. Please also note that any other ECS/SI of other company linked to this account will get closed/deleted consequent to the closure. I am aware that the time lines will be applicable only if the CASA account does not have any linkages.

I/We confirm that all unused cheques issued to me/us have been enclosed/destroyed by me/us (Nos. from ______ to _____). I/We also authorize the bank to destroy all the unutilised cheques, if any, in the system.

I/We are enclosing/ destroying the ATM/Debit Card(s) issued to me/us.

No. 2

Section B

 I/We request you to partial withdrawal my Fixed Deposit with amount ₹

 1st Holder Name

 2nd Holder Name

 3rd Holder Name

If there are more than 3 holders then please fill up the additional form

Pay the proceeds by:

🖾 Cash* *(except FD/RD)* / 🖾 Demand Draft / 🖾 Credit to USFB Bank Account / 🖾 Credit to Other Bank Account

Credit Account No] 📰 l/we am/are attaching a cancelled		
Beneficiary Bank name	cheque/latest bank statement/copy of passbook issued by the beneficiary bank for		
Beneficiary Branch name	verifying the accuracy of the given details		
Beneficiary IFSC Code	* As per the current income tax rules, if the		
Beneficiary Branch Address	account balance at the time of account closure exceeds Rs. 20000/- the payment will not be made by Cash		

Reason for closure of account

Sr. No.	Reason	select (√)	Sr. No.	Reason	select (√)
1	Unhappy with the services provided by the Bank (service quality/staff behaviour/turnaround time)		9	Corporate Salary Account-Employer changed	
2	Product deficiency		10	Transferred to a non-USFB Bank branch account	
3	Monthly/Quarterly/Half yearly non maintenance charges on higher side		11	Consolidating Bank Account within USFB Bank	
4	Monthly/Quarterly/Half yearly average balance on higher side		12	Consolidating Bank Account- other Banks	
5	Shifted to other location where there is no USFB Bank branch		13	Account wrongly opened (incorrect name, branch or product type etc.)	
6	Recurring/Fixed Deposit – Premature closure/Matured		14	Legal/Regulatory/KYC/AML (Income- Tax/KYC/AML/Court order etc.)	
7	Customer Deceased		15	PGKN –Initial pay-in returned/documents insufficient	
8	Specific product facility no longer required (overdraft/loan etc.)		16	As Business shut down/business closed	

De-Linking/Re-Linking

I/We request you to delink following products from my A/C no.

And relink the same to my alternate A/C no.

(√)	Description	A/C no. to be Delinked	Term & Condition
	FD for Interest /Maturity Payment		
	RD for Maturity		
	Locker for SI debit		Alternate Account no is mandatory
	Minor A/C for SI debit		for delinking
	Loan Type		As per requirement I am submitting
	Loan Account no 1		3 security cheque leaves duly
	Loan Type		signed from my alternate account
	Loan Account no 2		Form for loans
	Loan Type		
	Loan Account no 3		

(Please (\checkmark) the product for Delinking request)

Please relink above mentioned product with account as mentioned below:

E Credit to USFB Bank Account / E Credit to Other Bank Account

Credit Account No	I/we am/are attaching a cancelled		
Beneficiary Bank name	cheque/ latest bank statement/ copy of		
Beneficiary Branch name	passbook issued by the beneficiary bank for verifying the accuracy of the		
Beneficiary IFSC Code	given details		
Beneficiary Branch Address			

Withdraw of ACH Debit Clearing Mandate

I/We hereby request you to withdraw ACH Debit Clearing Mandate as per below details:

CIF	
Account No	
Name of the Account Holders	
Name of the beneficiary(Scheme/Purpose)	
Amount of Instalment / Amount of bill with upper Limit	
ACH Debit Start date	

ACH Debit End date (Original Date given in the ACH Debit Mandate)	
Effective Date(To be filled by customer)	

Note- Stop payment/withdrawal instruction will be applicable after 3 working days or next cycle whichever is later.

Request to withdrawal instruction of ACH debit clearing mandate:

I/We declare that the information provided is complete and true to my knowledge. I also confirm that I will provide this instruction to Beneficiary Institution/ Mutual Fund House for updation in their records

Customer Signature (As per Mode of Operation)

First Holder	Second Holder	Third Holder

Terms & Conditions (for Standing Instruction mandate)

1. I/We undertake to keep sufficient funds in the funding account on the date of execution of the standing instruction. The failure on part of me/us to maintain sufficient balance in the said Account(s) shall not any way impair the right of the Bank to debit the service charges.

2. I/We hereby authorize the Bank to debit my account & execute the standing instruction as per the instruction provided above.

3. I/We authorize the Bank to debit my account debit all types of Bank charges/commission/fees (service charges) payable by me/us. 4. I/We understand that a maximum of 3 attempts shall be made to execute the standing instruction; after which no further action shall be taken.

5. The Bank shall not be obliged to provide the overdraft facility on the said Account but for towards the debiting of service charges payable by me/us. I/We specifically agree and confirm that any matter or issue arising hereunder shall be governed by and construed exclusively in accordance with the Indian laws and shall be subject to the jurisdiction of the courts of Varanasi in India.

The Bank may contact you for further discussion at your registered mobile number post which the closure process will be initiated. In case you would like to be contacted at an alternate number, please provide the details:

Mobile No. _____

Landline No. (with STD code): _____

Names & Signatures of all applicants: in case of more signatories please use an additional form

Name			
Signature	First Holder	Second Holder	Third Holder

Bank Use Only							
Date of Account Opening: _/_/							
Branch Name:			Branch Code:				
Following are the documents:							
In case of company account necessary board resolution obtained 🖾 Y 🖾 N							
In case of partnership account nec	essary partnership deed	obtained 🛄 Y 🗄					
Approval enclosed for lien remova			Date://				
Name and EIN of official (As per De	elegation of Financial Pov	wer)	bocuments are obtained & verified Mode of				
			ocuments are obtained & verified Mode of				
Operation & signatures of the A/C.	The request may please	be processed.					
Signatures:			Designation:				
Customer signed in my presence:	Employee name		EIN:				
Service Charge (if any) Rs	II recovered III	waived off					
Balance in A/C:	Amount paid: ₹		Dated://				
If paid by DD No. :	by RTGS/NEF	T UTR No:					
	Customer Ackn	owledament					
Date://		-	Service Request No				
Account Number:			Г				
Employee Name:			EIN:				