

Account Holder Name: _____

Account Number: _____

Account Holder Email Address: _____

Date of Request: _____

Reason for Account

Closure: No longer require account
 Other: _____

Copy of void cheque attached (Required)

Client Signature

Date

Back office use only:

Date of Account Closure: _____

Account Balance as of
Date of Closure: _____

Cheque Requisition
Complete (if applicable): YES NO

Account Closure
Confirmation
Letter Sent to
Account Holder: YES NO

Authorized DCBank Representative
Name: _____
Date: _____