



# Personal Account Closure Request Form

Account Holder Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Reason for Account

Closure:                      No longer require account  
Other: \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
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: \_\_\_\_\_