

STANDARD FORMAT FOR ACCOUNT CLOSURE

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| To, The Branch Manager State Bank of India(Name of the Branch)(Branch Code) | From: Name..... Address..... Mobile No..... |
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Dear Sir/ Madam,

Request for Closure of my/our Savings Bank Account

A/c No. /No.s: _____

1. I/We [account holder(s)] hold the above account/accounts with your branch.
2. I/We [account holder(s)] request you to close the captioned account(s) and pay the balance through.....
3. I/We [account holder(s)] are surrendering leaves of unused cheque book or cheque leaves bearing serial number from to and also confirm that none of the leaves of the cheque book issued to me/us are in circulation;
4. Cheque leaves (From..... to.....) are issued and I/We [account holder(s)] shall ensure that these are not presented for payment. In case of presentation, I/We [account holder(s)] undertake to pay the Bank out of pocket expenses, bank charges, etc. if any.
5. I/We [account holder(s)] will be responsible for return of cheque(s), if any, due to closure of the account;
6. I/We [account holder(s)] will indemnify/compensate the Bank for any type of claim / liability arising out on account of return of cheque(s) drawn on the account subsequent to closure of account;
7. I/We [account holder(s)] certify that there is no outstanding ECS mandate;
8. I/We [account holder(s)] also surrender ATM card(s) bearing No..... linked to the account requested for closure;
9. I/We [account holder(s)] confirm that the credentials of the account in question will not be used in future in any manner whatsoever which may be detrimental to Bank's interests.
10. I/We [account holder(s)] accept the amount Rs..... (Rs.....) in full and final settlement on account of the closure of the account in question. Please update the enclosed Pass-book and return.
11. I/We [account holder(s)] accept full responsibility for the transactions made in the account and shall not hold the Bank in any way liable/responsible for any act done in violation of statutory permitted transactions by me/us during operation of the account.

Yours faithfully,

(Applicant's Name/Names)

Dated:

*Note- Pass books to be updated and returned to the Customer.