



Utkarsh Small Finance Bank

ACCOUNT CLOSURE FORM

Please fill the details in CAPITAL LETTERS

(*) Fields are mandatory

Please strike off as NA, fields which are not applicable

Date: __/__/__

CIF ID

Account No.

Type of Account: Savings Current FD RD

Account Details

Section A

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

Form fields for account name

1st Holder Name

2nd Holder Name

3rd Holder Name

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

Please tick the appropriate option(s):

Table with columns for S. N., Product, and checkboxes for various account types like CASA, Locker, Other ECS/SI, ACH Debit Clearing, Loan, Gold Loan.

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.

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. 1

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

Table for beneficiary details: Credit Account No, Beneficiary Bank name, Beneficiary Branch name, Beneficiary IFSC Code, Beneficiary Branch Address.

I/we am/are attaching a cancelled cheque/latest bank statement/copy of passbook issued by the beneficiary bank for verifying the accuracy of the given details

* As per the current income tax rules, if the 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.

(Please (✓) the product for Delinking request)

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

Please relink above mentioned product with account as mentioned below:

Credit to USFB Bank Account / Credit to Other Bank Account

Credit Account No	<input type="text"/>
Beneficiary Bank name	<input type="text"/>
Beneficiary Branch name	<input type="text"/>
Beneficiary IFSC Code	<input type="text"/>
Beneficiary Branch Address	<input type="text"/>

I/we am/are attaching a cancelled cheque/ latest bank statement/ copy of passbook issued by the beneficiary bank for verifying the accuracy of the given details

Withdraw of ACH Debit Clearing Mandate

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

CIF	<input type="text"/>
Account No	<input type="text"/>
Name of the Account Holders	<input type="text"/>
Name of the beneficiary(Scheme/Purpose)	<input type="text"/>
Amount of Instalment / Amount of bill with upper Limit	<input type="text"/>
ACH Debit Start date	<input type="text"/>

