

DASHEN BANK S.CO.
AREA BANK
ACCOUNT CLOSING/LINKING REQUEST FORM

TO _____ : **PAYMENT CARD CENTER** Date _____

CARDHOLDER'S NAME _____

AREA BANK _____

CARD NO. _____

THE NEW ACCOUNT TO BE LINKED:

Type: Saving Current

Area Bank _____ A/C NO. _____

Link as: Primary A/C Secondary A/C

EXISTING ACCOUNT TO BE CLOSED.

	<u>TYPE</u>	<u>NUMBER</u>	<u>AREA BANK</u>
<u>Primary</u>			
<u>Secondary</u>			

GENERAL DESCRIPTION OF REASON FOR THE REQUEST:

CARDHOLDER SIGNATURE _____

FOR OFFICE USE ONLY

REQUEST APPROVED BY _____
 NAME SIGNATURE DATE

REQUEST PROCESSED BY _____
 NAME SIGNATURE DATE

Note: The account and signature should be verified by the area bank before dispatching to the Payment Card Center.