

ACCOUNT CLOSURE / FIXED DEPOSIT
PREMATURE WITHDRAWAL FORM

A/c No:

Date:

1. Please fill the details in CAPITAL LETTERS	2. Please strike-off as NA for details which are not applicable
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I/We request you to close my / our Savings / Current Account:

NAME	OF	FIRST	HOLDER
NAME	OF	SECOND	HOLDER
NAME	OF	THIRD	HOLDER

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

CURRENT ACCOUNT / SAVINGS ACCOUNT CLOSURE

I understand that at the time of Account Closure:

- Access to all channels linked to this Account will be disabled.
- All the Standing Instructions in this Account will be cancelled.
- I/We have surrendered/destroyed ATM/Debit Card associated with this Account. All ATM/Debit Card(s) linked to this Account will be cancelled.
- Closure proceeds shall be the amount that is left over after deduction of Account Closure charges as applicable.
- My existing Sweep In Accounts along with the Savings/Current Account will be closed and the relevant penal charges will be applicable on the Sweep In Deposits on closure of Account.
- I/We shall be responsible for amending all the ECS/Auto debit mandates linked to this Account.
- I have surrendered unused cheque leaves. All the used/unused/not paid/post-dated cheques which are surrendered/not surrendered will be treated as cancelled/destroyed.
- For lockers linked to this Account, I confirm that I have surrendered my locker/s linked to this Account.
- For Dormant/Inactive Accounts: In case my Savings Bank Account/ mentioned above is/are dormant/inactive, the same will be activated to process the Account Closure request.

Pay the proceeds by

<input type="checkbox"/> By Cash	<i>(As per current Income Tax rules, if the Account Balance at the time of account closure exceeds ₹ 20,000/- the payment will not be made through cash)</i>
<input type="checkbox"/> By Demand Draft	
<input type="checkbox"/> Credit to another Bank Account	<input type="checkbox"/> Credit to IndusInd Bank Account
Beneficiary Account No.: <input type="text"/>	Beneficiary Account No.: <input type="text"/>
Beneficiary Bank Name & Branch: <input type="text"/>	
Beneficiary IFSC Code: <input type="text"/>	
Beneficiary Bank Address: <input type="text"/>	

Reason for Account Closure:

- | | |
|---|---|
| 1. Miscommunication / Misconduct by Staff <input type="checkbox"/> | 7. Moving out of City to a Non-IndusInd location <input type="checkbox"/> |
| 2. Unhappy with Service delivery standards <input type="checkbox"/> | 8. Close and Reopen another Account <input type="checkbox"/> |
| 3. Salary Account - Left Job <input type="checkbox"/> | 9. Account opened incorrectly <input type="checkbox"/> |
| 4. High Balance requirement & other charges / Features not offered <input type="checkbox"/> | 10. Deceased <input type="checkbox"/> |
| 5. Distance from the Branch <input type="checkbox"/> | 11. Minor to Major <input type="checkbox"/> |
| 6. Bus Slump / Co-closed / Ceases to exist / Insolvency <input type="checkbox"/> | 12. Customer initiated OD Account Closure <input type="checkbox"/> |



FIXED DEPOSIT PREMATURE CLOSURE

Fixed Deposit No.: Full Closure Partial Closure#
*Please specify amount

Maturity Proceeds: Credit to IndusInd Bank Account Other

Name of the Bank:

Account No.: IFSC Code:

I hereby authorise IndusInd Bank Ltd., to execute the above mentioned requests and update all records linked to my IndusInd Bank Account. I have read all Terms and Conditions applicable and understood the Schedule of Charges (SOC) at www.indusind.com

(In case of Current Account, rubber stamp required)

Signature of 1st holder

(In case of Current Account, rubber stamp required)

Signature of 2nd holder

FOR BANK USE ONLY

Branch Employee Name :

Customer Segment : Pioneer Exclusive Other

AMB for last 3 months :
 Month 1
 Month 2
 Month 3

Account Closure Approved by
 ECN & Name :

Balance in Account :

Account Closure proceeds paid :
(after deduction of closure charges (if applicable))

Mode of Payment : Cash / DD / IFT / NEFT

DD / UTR No. :

ECN Stamp & Signature

Branch Seal



CUSTOMER ACKNOWLEDGEMENT

Date:

Branch Employee Name:

Closure Request A/c:

FD:

ECN Stamp & Signature

Branch Seal

For charges and fees, please refer to our schedule of charges (SoC). Terms and Conditions apply.