

Removal of Party from Account

This form can be completed electronically then saved and printed. If completing manually, please complete in black ink and BLOCK CAPITALS. If you need any help completing this form, please call us on 01257 235003 or visit your local branch.

Account Nu	mber
Name(s)	
I/We request to be removed from the above account and relinquish all rights to act on the account.	
Signature(s) of Parties to be Removed
Signature:	Print Name: Date: D D M M Y Y Y Y
Signature:	Print Name: Date: D D M M Y Y Y Y
I/We hereby authorise the above named parties to be removed from the account. I/We understand this means they will no longer be able to operate the account.	
Remaining	Account Holders Signature(s)
Signature:	Date: DD MM YYYY
Signature:	Date: DD MM YYYY
Your Personal Information and what we do with it We are a data controller of your personal information. The way that we process your personal information is described in our Privacy Notice. The information is available on our website www.chorleybs.co.uk/privacy	
FOR INTERNA Account numl Customer Adv	Date Date