

## Credit Card Closure Form

**Card issue:**  Debit  Classic  Gold  Platinum  Business

Closure of Account

Removal of Supplementary Only

### Client Information

Mr.  Mrs.  Ms.  Miss  Other:

First Name

Middle Name

Last Name

Maiden Name (if applicable)

### Residential Address:

  
  

Home Telephone

Home Fax

Mobile Number

Work Telephone

Work Fax

Email Address

Main Cardholder

Supplementary Cardholder

### Closure Information

Please accept this as your authorisation to cancel the following card(s):

Card Number(s):

Reason For  
Closing  
Account/Removing  
Supplementary:  
(must be completed)

Client Signature:

Date:

Supplementary Signature:

Date:

**\*\* Please note that clients must have a zero balance at the time of account closure. Accounts with ongoing investigations cannot be cancelled.**

**Completed forms may be emailed to: [cardservices@bcb.bm](mailto:cardservices@bcb.bm), or faxed to (441) 295-1612. You may call Card Services at (441) 299-2883.**

**Internal Use Only**

Was card(s) returned?  Yes  No

Verified no outstanding authorisations?  Yes  No

Verified no outstanding balance?  Yes  No

Verified no open investigations?  Yes  No

Received By:

Date:

Closed By:

Date:

Additional Notes:
