

Application to Close a Bank Account

Ministry/Agency Making Application: _____

Name of Financial Institution: _____

Account Name and Number: _____

Branch Address: _____

Account Information

1. Reason for closing account?

2. Have all funds been withdrawn from this account? Yes No

3. What was the disposition of funds from this account?

4. Have arrangements been made with the bank to redirect uncashed cheques? Yes No

What are they?

I request the Provincial Comptroller to close the above mentioned bank account.

Date

Ministry/Agency Corporate Services Head (signature)

Provincial Comptroller's Office:

Reviewed – Analyst, Financial Management Branch
(initial) _____

Approved – Provincial Comptroller or Delegate (signature) _____

Recommended – Director, Financial Management
Branch (initial) _____

Date