REQUEST FOR CLOSING SECURE NORDIC PAYMENTS, UAB ACCOUNT

Company‘s name



Date



I, , request to close Secure Nordic Payments, UAB account which number is:

LT .

I hereby request to withdraw the funds from account with Secure Nordic Payments, UAB to company‘s account with another financial institution.

Name of financial institution:

;

Account holder‘s name:

;

Account No:

 ;

 Amount:

Eur.

[ ]  I agree to be contacted after the termination of business relations via e-mail.

**[ ]** I, the undersigned, confirm that all information provided in this request is true, complete and accurate. I also confirm that I am authorized to sign this request and that my signature does not violate any rights and (or) interests of any third party.

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Name, Surname, signature