FORM - 4 Application for closure of account



To,		
IDBI BankBranch		
OOA A		
SSA Account Number		
1.Please Credit the amount of eligible balance in my matu	ired account to my SB Accou	nt no
standing at(Bank Name)		
or		
Please issue a Demand Draft/ Account payee cheque or		
Please pay in cash (applicable if the amount is below perr	missible limit).	
*Certified, that the amount sought to be withdrawn/ loan to is alive and still a Minor.	•	e use of who
		Signature or thumb impression of depositor/ guardian uld be attested by a person known to Accounts office)
	Payment Order	
(F	or Internal Bank use)	
Payment detail		Date
Principal amount ₹		
(+) Interest due ₹		
(-) Recovery of overpaid interest ₹		
Deduction if any ₹		
Total Amount due ₹		
Pay ₹(In figures)		(In words)
, 5, 4,7		
Date		Signature of Manager
	Acquittance	
	(to be filled by depositor)	
Received ₹(In figures)		(in words) By cash/ cheque/
DD Bearing Nodated		
Date		
		Signature/ thumb impression of depositor/ guardian