

Your details - 1st applicant

Account switching form

Please complete this form and return it to any branch or agency. Alternatively, post it to: Account Switching Team, Oakfield House, Binley Business Park, Coventry, CV3 2TQ.

Title					First name						
Surname					Date of birth		dd	/	mm	/	уууу
Address (including postcode)					,						
Home telephone number					Mobile telephone number						
2nd applicant (i	applicab	ıle)									
Title					First name						
Surname					Date of birth		dd	/	mm	/	уууу
Address (including postcode)											
Home telephone number					Mobile telephone number						
Coventry Buildi	ng Societ	y accoun	t detail	. S (this is th	e account you would li	ke to s	switch	to)*			
Name of account h	older(s)										
Account number											
*You can only swite	ch to a Mone	yManager, o	or if you h	ave an exist	ing Coventry First acco	ount.					
Existing bank a	count de	tails									
Bank/building soci	ety name										
Name(s) of accoun	t holders										
Sort code					Account number						



nformation we	need to complete the switch					
Do you want a copy	of all your active payments* from your curre		Yes		No	
Do you want a copy	rent provider?	Yes		No		
(This is for regular	ontact each payer to advise them of your new credits only. You'll need to complete the atteach payer, e.g. your salary.)		individual	Yes		No
Do you want your e		Yes		No		
Do you want the ba	Do you want the balance of your existing account transferring to us?					
Please confirm if th						
	we automatically transfer everything over. I	•		mplete Fo	rms A a	and B for
	ments are Direct Debits and standing orders		-	redits, suc	:h as yo	ur salary.
Effective date to	switch					
Please confirm who	en you'd like the switch to be effective. This da	ite must be at least 13 w	orking days fron	n the date	of this r	equest.
Date	dd / mm / yyyy					
By signing and ret	urning this form I am authorising Coventry I	Building Society to:				
> If requested, cor> Complete the tra	coventry account in accordance with the effect stact the individual payers for regular credits ansfer of the payments I have specified. the switching process has been completed.	•		fective dat	te.	
Consent to use y	our data for processing of this re	equest				
	n process your request for switching your cu g Society sharing your personal data with th			firm that y	ou con	sent
Signature		Date	dd /	mm	/	уууу
Signature of joint account holder (if applicable)		Date	dd /	mm	/	уууу
or office use or	nly					
Date received by the Society	dd / mm / yyyy	Branch/Agency				
Cashier no (if applicable)		Signature				
Date received in Sa	vings Operations		dd /	mm		уууу
Name		Signature				