

Check List for Cancellation of the ZKB Rental Deposit Savings Account

Please observe the following points to avoid problems and delays in the processing of your request:

- Photocopies and fax or email applications cannot be accepted. Please send the form with **original signatures of all parties** back to us.
- Changes/corrections to the application must be confirmed by the date/signature of all parties.
- Always provide the complete postal check account or bank details. i.e. name, post code, town and clearing no. of the bank, as well as the account number/IBAN and the first name and surname of the beneficiary/beneficiaries for the transfer of the credit balance. You can also include a corresponding traditional or QR payment slip. For any transfer fees, please refer to our summary of terms and conditions “Price Summary and Terms and Conditions for Retail Banking”.
- Please send the signed and completed form “Cancellation of Rental Deposit – Declaration of Consent” or all correspondence **directly to the address below**. If the application is sent to a branch or submitted at a counter, this will delay processing.

Recipient address:
Zürcher Kantonalbank
Mieterkautionen
Postfach
8010 Zürich

Declaration of Consent to the Cancellation of a ZKB Rental Deposit Savings Account

(Within the meaning of Art. 257e, Para. 3 OR)

ZKB Rental Deposit Savings Account No.: _____
 In the name of _____

Please select either option A or B

Option A

Total credit balance incl. interest

IBAN / postal check account _____
 In the name of _____
 Bank/Post _____ Clearing no. of bank _____
 Postcode/City _____

Option B

1. Amount in CHF

IBAN / postal check account _____
 In the name of _____
 Bank/Post _____ Clearing no. of bank _____
 Postcode/City _____

2. Credit balance incl. interest

IBAN / postal check account _____
 In the name of _____
 Bank/Post _____ Clearing no. of bank _____
 Postcode/City _____

With their signature, the landlord and the Account Holder(s) agree(s) to the payment of the balance, incl. interest, and authorise Zürcher Kantonalbank to transfer the account credit balance in accordance with the instructions above. **The signatures of the tenant and the landlord or administration, as the case may be, must be original. Copies will not be accepted.**

 Place/Date /Name of the landlord or administration Signature(s) and First name / Surname of the person signing

 Place/Date Signature of Account Holder 1

 Place/Date Signature of Account Holder 2

To avoid mail being returned, please always provide **the new address for correspondence of the Account Holder(s):**

New address	Account Holder 1	Account Holder 2
First name/Surname	_____	_____
Street	_____	_____
Postcode/City	_____	_____