

**REQUEST TRANSFER OF YOUR SUMUP PAY WALLET TO ANOTHER EU
ACCOUNT SERVICE PROVIDER**

CUSTOMER INFORMATION

DATE

CUSTOMER NAME, SURNAME, DATE OF BIRTH

NAME OF THE ACCOUNT SERVICE PROVIDER FROM WHICH THE ACCOUNT IS BEING TRANSFERRED

SUMUP EU PAYMENTS

IBAN NUMBER

I REQUEST:

- from _____ (specify date*) transfer the positive balance of funds remaining in my SumUp Pay Wallet to the newly opened account/existing account indicated below;
- from _____ (specify date*) to close my Wallet.

* - the date must be a working day and no earlier than 6 working days after submitting your request to SumUp.

NAME OF THE ACCOUNT SERVICE PROVIDER TO WHICH THE ACCOUNT IS BEING TRANSFERRED

IBAN NUMBER TO WHICH THE REMAINING BALANCE IS TRANSFERRED

By signing this application, I confirm that:

I am aware and agree that the remaining positive balance from my SumUp Pay Wallet will be transferred to my account associated with IBAN and issued by the bank/foreign bank branch/union/other institution indicated above.

CUSTOMER NAME,
SURNAME, SIGNATURE

Phone No.

Email Address
