

Account Closure Authority

Instructions

Please complete & sign this form in order for us to forward your authority to your current Financial Institution

Name of Financial Institution

Address of Financial Institution

Postcode

I/We authorise you to close my/our account described below:

Account Holder Name/s

BSB Number | | | | **Account Number** | | | | | | | | | | | |

Card Number | | | | | | | | | | | | | | | | **EXPI** | | | | |

Please note that it is the responsibility of the account holder(s) to ensure that all cheque books & cards attached to the account being closed are destroyed or returned to the applicable financial institution.

Please send a cheque with the full account balance to

Postal Address

Postcode

If the account to be closed is in joint names, please make the cheque payable to all account holders

Full Name

Signature

Date

Full Name

Signature

Date