

Authority to Close Account

SECTION A: WHAT ARE YOUR FINANCIAL INSTITUTION'S DETAILS?

NAME OF FINANCIAL INSTITUTION:			
ADDRESS:			
	SUBURB:	STATE:	POSTCODE:

SECTION B: WHAT ARE YOUR ACCOUNT DETAILS?

NAME OF FINANCIAL INSTITUTION:			
BSB:		ACCOUNT NO:	
ACCOUNT NAME:			

SECTION C: WHAT ARE YOUR INSTRUCTIONS?

I/ We authorise and direct you to close my/our account described above and request the balance of my accounts are transferred as instructed below.

BSB:		ACCOUNT NO:	
ACCOUNT NAME:			
REFERENCE:			

Please sign below in black pen only.

1st PERSON	SIGNATURE:		DATE:	
	2nd PERSON	SIGNATURE:		DATE:

Once complete, submit this form to the financial institution you are closing your account with.