

Account Closure Form

Member Name: _____ Client No: _____
Member Name: _____ Client No: _____
Member Name: _____ Client No: _____

I/We wish to close: All Accounts

Accounts:

- | | |
|---|---|
| <input type="checkbox"/> S1 Total Access | <input type="checkbox"/> S7 Budget |
| <input type="checkbox"/> S13 Redi Access | <input type="checkbox"/> S55 Achieve Saver |
| <input type="checkbox"/> S5 Savings Passbook | <input type="checkbox"/> SS75 Superfund Maximiser |
| <input type="checkbox"/> S65 Senior Savers | <input type="checkbox"/> S80 iSaver |
| <input type="checkbox"/> S50 Young Achiever Savings | <input type="checkbox"/> Other (please specify) |
| <input type="checkbox"/> S2 Christmas | |
| <input type="checkbox"/> S6 Insurance | |

Facilities:

- Internet Banking
 Visa Debit Card
 Quick Debit
 Regular Periodical Payment

Visa Debit Card Number: 4062 7300 1000 _____

I/we wish for remaining account funds to be:

Transferred to another Geelong Bank Account:

Member No: _____ Account Type: _____

Transferred to another Bank:

Account Name: _____

Account Number: _____ BSB Number: _____ Reference: _____

I / We believe the above details to be true and correct. It is an offence under the Financial Transaction Act 1998 to make false or misleading statements.

Signature: _____ Client No: _____ Date: _____

Signature: _____ Client No: _____ Date: _____

Signature: _____ Client No: _____ Date: _____

Signature: _____ Client No: _____ Date: _____

Office Use Only:

Completed By: Op Name: _____ Op No: _____ Date: _____