

Authority to close account

What are the financial institution's details?

Name of financial institution		
Address		
Suburb	State	Postcode

What are your account details?

First account holder

First names	Surname
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Second account holder

First names	Surname
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Account details

BSB	Account number
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What are your instructions?

I/We authorise and direct you to close my/our account described above from

Please send funds to my new account:

BSB	Account number
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Please use the following reference

Please sign below in black pen only

First account holder

Signature	Date
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Second account holder

Signature	Date
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Returning this form



Directly to the financial institution you are closing the account with