

Account Closure Form

Member Name: _____ Client No: _____

Member Name: _____ Client No: _____

Member Name: _____ Client No: _____

I/We wish to close: All Accounts

Accounts:

S1 Total Access

S13 Redi Access

S5 Savings Passbook

S65 Senior Savers

S50 Young Achiever Savings

S2 Christmas

S6 Insurance

S7 Budget

S55 Achieve Savers

S60 Access Saver

S75 Superfund Maximiser

S80 iSaver

Other (please specify) _____

Facilities

Internet Banking

Telephone Banking

Personal Cheque

Visa Debit Card

Quick Debit

Regular Periodical Payment

Redicard Number: 5840 0319 9 _____ 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: _____

Sent out as a Cheque: Payable to: _____

Address: _____

EFT to 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: ____/____/____

F0006 – March 22

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FORD CO-OPERATIVE CREDIT SOCIETY LIMITED ABN 74 087 651 456

TRADING AS GEELONG BANK AFSL/Australian Credit Licence Number 244351

