Westpac

Westpac Banking Corporation ABN 33 007 457 141

Reset

Commercial/BusinessChoice Card Cancellation Closure Request Form

Complete this form for Corporate, Purchasing, BusinessChoice or Employee Benefit cards, each time you want to either close one or more individual cards.

Once this form has been completed please forward to your Westpac representative or branch for verification and on forwarding to the Cards Business Solutions for processing. Where you have setup a fax indemnity and authorised signatories with Westpac, this form can be faxed directly to Cards Business Solutions on (02) 9374-7003.

Company name	Facility number

1. Close Individual Card(s)

Please list below any individual cards that you want to close and transfer the remaining credit balance (if any) then complete section 2.

Note: *If you also want to close the facility please complete Commercial/BusinessChoice Company/Facility Closure form.*

Cardholder Account Number (16 digits)	Cardholder Name	Destination BSB and Account number for credit balance

2. Authorisation

This Authorisation must be completed by the following people for the appropriate business type:

- Company (Including any company acting as a trustee) – Sole Directors or 2 Directors or 1 Director and 1 company Secretary
- Partnership – 2 Partners
- Sole Trader – the Sole Trader
- Trust with non-corporate trustee/s – Trustee/s
- Other – Authorised signatory/ies as Principal/s

This form must be signed in accordance with the current authorisation held by Westpac. Westpac will not act on these instructions unless the signatories who sign this form are authorised to do so under the current authorisation and in the manner stated in the authorisation.

Company/Business Name	ABN	ACN	and/or ABRN

By Authorised signatory / Principal 1 *(print name)*	By Authorised signatory / Principal 2 *(print name)*

Signature	Date	Signature	Date
✗	/ /	✗	/ /

Westpac Use Only

Westpac representative is to verify signature(s) and that the form is signed in terms of authority held. Complete details below.

☐ Where this form has not been signed in section 2, tick (✓) the box to confirm that written authorisation has been obtained & signatures have been verified.

Westpac Representative's name	Contact Fax number
	( )

Signature	Date
✗	/ /

Branch Stamp or Business Unit name

PC1868 (04/11) 228282