

BusinessChoice Card Cancellation Request Form

Complete this form each time you want to cancel one or more individual cards.

Please input required information onto this form, print, & sign. Once this form has been completed, please email the form to: commercialcards@westpac.com.au or fax to (02) 9374-7003. This form may NOT be emailed directly by a customer.

Business/Company name

Facility number

1. Individual Card(s)

Please list below any individual card(s) that you want to cancel and transfer the remaining credit balance (if any) then complete section 2. *Note: If you also want to close the facility please complete 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.

ABN

ACN

and/or ABRN

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By Authorised signatory / Principal 1 (print name)

By Authorised signatory / Principal 2 (print name)

Principal 1 Signature

Date

Principal 2 Signature

Date

Please Note: IF YOU HAVE ANY DIRECT DEBITS, PLEASE CANCEL WITH THE MERCHANT, TO AVOID ANY RECURRING CHARGES

Westpac Use Only

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

Where this form has not been signed in Section 2, tick this box to confirm written authorisation (email/letter/fax) has been obtained and signature(s) have been verified.

Westpac representative's name

Contact phone number

Signature

Date

Branch Stamp or
Business Unit name
& Date

Email

Salary Number