

Corporate Evergreen Account – *Closure Form*

Account Holders may request closure of their Corporate Evergreen Account, and payment of the available balance of that account, using this form. In addition to this form, Westpac may rely upon the current authorisations and any indemnities given by the Account Holder in respect of instructions received by facsimile or email. Capitalised terms used in this form have the meaning given to them in the Corporate Evergreen Account Terms and Conditions.

1. Evergreen Account Details

Customer Name (“Account Holder”)

BSB

Account no.

(“Account”)

2. Closure Details

The Account Holder requests that the Account be closed and the balance paid to the account nominated below. The Account Holder acknowledges that:

- any amounts forming part of the balance of the Account that are “Funds on Notice” as at the date Westpac receives this form duly signed (“**Instruction Date**”), will become “Funds at Call” in accordance with Account Holder’s existing instructions.
- any other amounts forming part of the balance of the Account that are “Funds on Hold” will become “Funds on Notice” on the Instruction Date and “Funds at Call” on the day following the last day of the relevant notice period (“**Closure Date**”). Please note that if the Closure Date is not a banking business day, amounts will become “Funds at Call” on the next banking business day.

The Account Holder instructs Westpac on the Closure Date to pay the balance of the Account to the account nominated below.

BSB

Account no.

Account Name

3. Customer Authorisation(s) for closing account.

This authority is signed for and on behalf of (*name of organisation*):

By (*Signature*)

Given name

Surname

By (*Signature*)

Given name

Surname

Official Designation (*eg. Authorised Signatory*)

Official Designation (-----0000. *Authorised Signatory*)

4. Customer Authorisation(s) Continued

Note: execute using the following section where signing under a power of attorney

Signed for (name of company or other organisation)

By its attorney(s) under the authority of a power of attorney dated

Sign here

Sign here

I have no notice of the revocation of the power of attorney

I have no notice of the revocation of the power of attorney

Given name

Surname

Given name

Surname



Please send this form to your Client Enquiry Manager

Internal use only

Signatures verified:

Salary Number

Date Signature Verification

