

signatories differ from closing account.

Account (Closure Requ	iest								
То						Date		/	/	
From						Phone	()		
Section A	Please close	the acco	unt listed	below ef	fective /	/				
BSB		Accoun	t number			1				
Account name)									
	one account to be es. Authorised sign Outstanding b	atories of	f listed acco	ounts are re	equired to sig		ccount	BSBs, nu	ımbers a	and
Bank										
DCD		A 00011m	+ n. mah ar							
BSB		Accoun	t number							
Account name)									
If balance is re	equired via a Bank	Cheque, i	olease comp	olete:						
	to be noted on che									
Westpac bran	ch where cheque is	to be co	llected							
Please note: A	An applicable fee, p	er cheque	e will be subi	tracted fro	m the closing	account k	palance),		
	one bank cheque is								amounts	s and
Section C	Alternate acco						unt an	d as an	alternat	ive fee
Please note: R	Required prior to ac	count bei	ng closed.							
Please provide	e an alternative acc	ount for a	ny accrued	fees on the	e closing acco	ount.				
BSB		Accoun	t number							
] [
Account name										
Important: Th	nis request must als	o be signe	ed by author	rised signai	tories of the a	alternative	accour	nt, if auth	orised	

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Bank Guarantee Merchant facility Commercial Card facility Direct to Setoff Cheque Cashing Authority Payment Processing Service (PPS)		the closing account attac ted below?	inea to or	nominated to	receive fees for any p	roducts/services			
Business Express Deposit (BEDS) and please ensure to notify your internal department not to deposit BEDs any further. DeskBank ➤ Please provide Other account/S ➤ Please provide account details Any other Products/Services (eg. Corporate Online, Periodical Payment, Segment) ➤ Please advise full details of any facility/ies indicated in Section D. Section E Customer Signature/s for alternative account noted in Section C diagnature Name Date X Section F Customer Signature/s for closing account ingulature Name Date X J Section F Customer Signature/s for closing account ingulature Name Date X J Date Date J Date	Bank Guarantee	Guarantee		Comme	rcial Card facility	☐ Direct Entry			
any further. DeskBank ➤ Please provide Other account/s ➤ Please provide Any other Products/Services (eg. Corporate Online, Periodical Payment, Segment) ➤ lease advise full details of any facility/ies indicated in Section D. Section E Customer Signature/s for alternative account noted in Section C ignature X Name Date X Section F Customer Signature/s for closing account ignature Name Date X	Setoff	Cheque Cashing A		thority Payment Processing Serv ice		PS)			
Other account/s > Please provide account details Any other Products/Services (eg. Corporate Online, Periodical Payment, Segment) > lease advise full details of any facility/ies indicated in Section D. Section E Customer Signature/s for alternative account noted in Section C ignature Name Date X Section F Customer Signature/s for closing account ignature Name Date X Section F Customer Signature/s for closing account ignature Name Date X Ignature Name Date		Deposit (BEDS) and pleas	se ensure to	notify your in	ternal department not to	o deposit BEDs			
Any other Products/Services (eg. Corporate Online, Periodical Payment, Segment) > lease advise full details of any facility/ies indicated in Section D. Section E Customer Signature/s for alternative account noted in Section C signature Name Date X Section F Customer Signature/s for closing account signature Name Date X Section F Customer Signature/s for closing account signature Name Date X Date 7 Section F Customer Signature/s for closing account signature Name Date X Date 7 Sequature Name Date 7 Segmature Name Date 7 Segmature Name Date 7 Segmature Name Date 7 Segmature Name Date	☐ DeskBank ➤ Please provide		Customer ID		PC ID/s				
Any other Products/Services (eg. Corporate Online, Periodical Payment, Segment) > lease advise full details of any facility/ies indicated in Section D. Section E Customer Signature/s for alternative account noted in Section C signature Name Date X Section F Customer Signature/s for closing account signature Name Date X Section F Customer Signature/s for closing account signature Name Date X Date 7 Section F Customer Signature/s for closing account signature Name Date X Date 7 Sequature Name Date 7 Segmature Name Date 7 Segmature Name Date 7 Segmature Name Date 7 Segmature Name Date									
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Section E Customer Signature/s for alternative account noted in Section C gnature Name Date X gnature Name Date X Section F Customer Signature/s for closing account gnature Name Date X Date / Section F Customer Signature/s for closing account gnature Name Date X gnature Name Date / Gnature Name Date /									
gnature Name Date gnature Name Date Grature Name Date Amount Gnature Name Date Gnature Name Date Amount Gnature Name Date Amount Gnature Name Date Amount Gnature Name Date Amount Gnature Name Date	ease advise full de	etails of any facility/les indi	cated in Se	ction D.					
Section F Customer Signature/s for closing account Signature	Section E Cu	stomer Signature/s for a	lternative	account note	d in Section C				
gnature X Section F Customer Signature/s for closing account gnature Name Date / gnature Name Date / gnature Name Date		Name				Date			
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x /	X								
	gnature	Name				Date			
Please note: (i) This request should be completed and printed on Customer letterhead	X								
Please note: (i) This request should be completed and printed on Customer letterhead									
(ii) Request must be mailed if no Email/Facsimile Indemnity is in place.									