

Account Closure Request

To Date / /

From Phone ()

Section A Please close the account listed below effective / /

BSB Account number

Account name

If more than one account to be closed, provide a schedule on letterhead containing account BSBs, numbers and account names. Authorised signatories of listed accounts are required to sign.

Section B Outstanding balance to be credited / debited to

Bank

BSB Account number

Account name

If balance is required via a Bank Cheque, please complete:

Payee details to be noted on cheque

Westpac branch where cheque is to be collected

Please note: An applicable fee, per cheque will be subtracted from the closing account balance.

If more than one bank cheque is required, provide a schedule on letterhead containing required cheque amounts and payee details for each.

Section C Alternate account for any accrued fees / charges on closing account and as an alternative fee account on any products or services noted in Section D

Please note: Required prior to account being closed.

Please provide an alternative account for any accrued fees on the closing account.

BSB Account number

Account name

Important: This request must also be signed by authorised signatories of the alternative account, if authorised signatories differ from closing account.

Section D Is the closing account attached to or nominated to receive fees for any products/services noted below?

Bank Guarantee Merchant facility Commercial Card facility Direct Entry

Setoff Cheque Cashing Authority Payment Processing Service (PPS)

Business Express Deposit (BEDS) and please ensure to notify your internal department not to deposit BEDs any further.

DeskBank ▶ Please provide

	Customer ID	PC ID/s
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Other account/s ▶ Please provide account details

	BSB	Account number
	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Any other Products/Services (eg. Corporate Online, Periodical Payment, Segment) ▶

	<input style="width: 95%;" type="text"/>
	<input style="width: 95%;" type="text"/>

Please 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
<input style="width: 95%;" type="text" value="X"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="/ /"/>

Signature	Name	Date
<input style="width: 95%;" type="text" value="X"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="/ /"/>

Section F Customer Signature/s for closing account

Signature	Name	Date
<input style="width: 95%;" type="text" value="X"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="/ /"/>

Signature	Name	Date
<input style="width: 95%;" type="text" value="X"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text" value="/ /"/>

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.