

Organisation name

## **Commercial Cards - Card Cancellation Request**

Complete this form to cancel a Commercial Card Product.

Facility Number					
Section 1 - Cancel Individual Cards					
List below the cards that you would like of balance to be transferred to.	cancelled. Please provide a BSB and Accou	nt number for any remaining credit			
If there is a debit balance on the card a d existing standing authorities on the card(	irect debit will be completed at the end of s).	the statement cycle. Please cancel any			
Have all cards listed below been collected	d from the cardholder and destroyed? $\Box$ $`$	∕es □No			
If 'NO' ➤ please collect all cards listed below and destroy prior to sending this request.					
Cardholder Name	Card Number	Account Name, BSB and Account Number for Credit Balance			

## **Section 2 - Authorisation**

This form must be signed in accordance with the current authorisation held by Westpac. Westpac will not act on these instructions unless the signatories are authorised to do so under the current authorisation held by the Bank. This form is to be signed by

- **Company:** Two Directors or a Director and Company Secretary
- **Trust:** Trustee if a Company (see above) or by an Individual Trustee
- **Association:** in accordance with Minutes of Meetings or other authority
- Partnership: Two Partners or other authority

OR

## **Authorised Signatory(ies)**

To be signed in accordance with the instructions provided by the Organisation at establishment of the facility

Signatory 1		Signatory 2				
Name		Name				
Position/Title		Position/Title				
Signature	Date / /	Signature <b>X</b>		Date / /		
If this form is signed by Authorised Signatory(ies) please email <a href="mailto:gtscards@westpac.com.au">gtscards@westpac.com.au</a> Alternatively please return the signed form to your Westpac representative						
Westpac Use Only				Load to CCU		
The Westpac representative is to verify signed by Director/Secretary.	r signatures and check th	at the form has been sign	ned in terms o	of the authority held if		
Westpac Representative Name		Signature				
		X				
Phone	Salary Number		Date			
( )			/	, /		