

## Commercial Cards - Card Cancellation Request

Complete this form to cancel a Corporate, Purchasing, Virtual Purchasing or Employee Benefits Card.

Organisation name

Facility Number

### Section 1 - Cancel Individual Cards

List below the cards that you would like cancelled. Please provide a BSB and Account number for any remaining credit balance to be transferred to.

If there is a debit balance on the card a direct debit will be completed at the end of the statement cycle. Please cancel any existing standing authorities on the card(s).

Have all cards listed below been collected from the cardholder and destroyed? .....  Yes  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

Name

Position/Title

Signature

Date

#### Signatory 2

Name

Position/Title

Signature

Date

If this form is signed by Authorised Signatory(ies) please fax to (02)9374 7003 or email [commercialcards@westpac.com.au](mailto:commercialcards@westpac.com.au)  
Alternatively please return the signed form to your Westpac representative

**Westpac Use Only**

*Load to CCU*

The Westpac representative is to verify signatures and check that the form has been signed in terms of the authority held if signed by Director/Secretary.

Westpac Representative Name

Signature

Phone

Salary Number

Date