

# Closure/Transfer of account and product



<b>Personal Details:</b>			
Member Number		Member Name	
Account/s to be Closed/Transferred			
Has your address or contact details changed recently? <input type="checkbox"/> Yes <input type="checkbox"/> No. If yes, complete Change of details			

**If you are transferring your Insurance payment to a new account or insurance cancellation is required, please provide a contact telephone number.**

Contact Number	
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**An insurance consultant will then contact you regarding your payment options.**

<input type="checkbox"/> More than 1 to sign (all required signatories to sign)
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<b>Account Payment Method - Please distribute any remaining funds:</b>			
<input type="checkbox"/> Transfer to another PCU Membership	<b>Member Number</b>		<b>Account</b>
<input type="checkbox"/> Transfer to other Financial Institution	<b>BSB</b>	<b>Account Number</b>	
	<b>Account Name</b>		

<b>Facilities to be closed</b>		
<input type="checkbox"/> Overdraft Facility – Overdraft Credit Facility Reduction or Cancellation of Limit Form completed	<input type="checkbox"/> IVY	
<input type="checkbox"/> Internet Banking - (1) Nil Access <input type="checkbox"/>	<input type="checkbox"/> ATOs / POAs	
<b>Facilities to be closed or transferred</b>		
<input type="checkbox"/> Member chequing facility (unused cheques must be returned)	<input type="checkbox"/> Close	<input type="checkbox"/> Transfer to link No
<input type="checkbox"/> Card facility	<input type="checkbox"/> Close	<input type="checkbox"/> Transfer to account
<input type="checkbox"/> Pay ID	<input type="checkbox"/> Close	<input type="checkbox"/> Transfer to account
<input type="checkbox"/> Periodic payment*	<input type="checkbox"/> Close	<input type="checkbox"/> Transfer to account
<input type="checkbox"/> Quick debit*	<input type="checkbox"/> Close	<input type="checkbox"/> Transfer to account
<input type="checkbox"/> Direct debits*	<input type="checkbox"/> Close	<input type="checkbox"/> Transfer to account
<input type="checkbox"/> Payroll credits*	<input type="checkbox"/> Close	<input type="checkbox"/> Transfer to account
<input type="checkbox"/> Insurance (Allianz)		<input type="checkbox"/> Transfer to account
<input type="checkbox"/> ATOs/POAs	<input type="checkbox"/> Close	<input type="checkbox"/> Transfer to account

**Signatory Conditions:**

**I/We acknowledge that I/we will continue to be liable to reimburse Police Credit Union for any indebtedness incurred after the closure/cancellation of these accounts or access channels in accordance with the Terms & Conditions governing the use of those facilities.**

<b>Member Signature</b>		<b>Date</b>	
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<b>Office Use Only</b>			
OP ID:	Date:	Branch:	Event Loaded <input type="checkbox"/> Acc Closed Yes <input type="checkbox"/> No <input type="checkbox"/>
Product Closure Letter provided Yes <input type="checkbox"/>			