

Closure/Transfer of account and product

Personal Details:

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

If you are transferring your Insurance payment to a new account or insurance cancellation is required, please provide a contact telephone number. An insurance consultant will then contact you regarding your payment options.

Contact Number	
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Account Payment Method - Please distribute any remaining funds:

<input type="checkbox"/> Transfer to another Police Credit Union Membership			
Member Number		Account Number	
<input type="checkbox"/> Transfer to other Financial Institution			
Account Number		BSB	
Account Name			

Facilities to be closed

<input type="checkbox"/> Overdraft Facility – Overdraft Credit Facility Reduction or Cancellation of Limit Form completed
<input type="checkbox"/> Internet Banking – (1) Nil Access <input type="checkbox"/> <input type="checkbox"/> ATOs / POAs

Facilities to be closed or transferred

<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.

More than 1 to sign (all required signatories to sign)

Member Signature		Date	
Member Signature		Date	

Office Use Only

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"/>				