



# Authority to Close Account

To close your account at another Financial Institution

Date: \_\_\_\_\_

Your Contact Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

To the Manager,

Name of Financial Institution: \_\_\_\_\_

Address of Financial Institution:

I/We authorise and direct you to close my/our account described below and pay the account balance by electronic direct credit, less any charges, to Auswide Bank Ltd (ABN 40 087 652 060).

Account Holder name/s: \_\_\_\_\_

Account Number: BSB \_\_\_\_\_ Account Number \_\_\_\_\_

**Please electronically transfer the account balance to Auswide Bank Ltd:**

Account Holder name/s: \_\_\_\_\_

Account Number: BSB **645-646** XREF Account Number \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_

**We wish to operate on the Auswide Bank Ltd account as soon as possible and request you to expedite the transfer without further discussion. Thank you for your assistance.**

Name	Signature	Date signed
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name	Signature	Date signed
<input type="text"/>	<input type="text"/>	<input type="text"/>

This should be signed by all signatories on your existing account with the other financial institution. Some financial institutions will require return of debit cards/unused cheque leaves prior to closing your account.

### BRANCH USE ONLY

This letter is to be copied and retained by Auswide Bank Ltd branch requesting closure.