



Office use only
Primary Member number:

Joint Member number:

Date: ____ / ____ / ____

request to close account

Personal Details

Member No: _____

Given Name: _____ Surname: _____

Address: _____

Home Phone: _____ Work Phone: _____ Mobile: _____

I/We hereby request that all facilities attached to my/our account number _____ be terminated and the account closed.

I/We request that the proceeds of the funds be transferred to my/our other Qudos account no: _____

Please complete the applicable sections below.

I have personally destroyed and disposed of all cards linked to the closed account. Yes No

I have personally destroyed and disposed of my Cheque Book. Yes No N.A.

I/We acknowledge that my account cannot be closed until:

- > All loans on the account have been paid out; and/or
- > All outstanding entries on debit cards have been presented and the cards have been destroyed and disposed of.

Signature: _____ Date: ____ / ____ / ____

Joint Signature: _____ Date: ____ / ____ / ____

Office use only

Signature Verified: Yes No

Teller Name: _____

Date Actioned: ____ / ____ / ____

Teller Stamp:

- Cuecard / Visa Card
- Payroll Authority
- Internet / Phone banking
- Loans
- Auto Transfer / Direct Entry
- Cheque books – Cheque No: _____

Checked By: _____

Date: ____ / ____ / ____

1300 747 747 | quodosbank.com.au