

Office use only	
Primary Member Number	<input type="text"/>
Joint Member Number	<input type="text"/>
Date	<input type="text" value="/"/> / <input type="text" value="/"/>

Request to close account

Personal details

Title	<input type="text"/>				
Full name	<input type="text"/>				
Member number	<input type="text"/>				
Current residential address	<input type="text"/>				
Town/suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Contact number	<input type="text"/>	Email	<input type="text"/>		

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.

Other Qudos Account number	<input type="text"/>
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Please complete the applicable sections below.

I have personally destroyed and disposed of all cards linked to the closed account.

Yes No

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.

Primary Member

Name	<input type="text"/>
Signed	<input type="text"/>
Date	<input type="text" value="/"/> / <input type="text" value="/"/>

Joint Member (if applicable)

Name	<input type="text"/>
Signed	<input type="text"/>
Date	<input type="text" value="/"/> / <input type="text" value="/"/>

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Signature Verified

Yes No

- Cuecard / Visa Card
- Payroll Authority
- Internet
- Loans
- Auto Transfer / Direct Entry

Staff name

Date

Checked by

Date

Teller stamp

