



# 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: 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.**

Signature:

Name:  Date:

Signature:

Name:  Date:

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.

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