

Account Closure Form

Member Name: Don Jan staff Superannuation Client No: 423532

Member Name: Janine Smith Client No: 42534

Member Name: Donald Smith Client No: 42533

I/We wish to close:

All Accounts

Accounts:

S1 Total Access

S13 Redi Access

S5 Savings Passbook

S65 Senior Savers

S50 Young Achiever Savings

S2 Christmas

S6 Insurance

S7 Budget

S55 Achieve Savers

S60 Access Saver

S75 Superfund Maximiser

S80 ISaver

Other (please specify) _____

Facilities

Internet Banking

Telephone Banking

Personal Cheque

Redicard

Quick Debit

Regular Periodical Payment

Card Number: 584003199 _____

Card Number: 584003199 _____

I / we wish for remaining account funds to be:

Transferred to another Geelong Bank Account:

Member No: _____ Account Type: _____

Sent out as a Cheque: Made out to: _____

Address: _____

EFT to Account Name: DC + JH SMITH

Account Number: 00267744 BSB Number: 064-403

I / we believe the above details to be true and correct. It is an offence under the Financial Transaction Act 1998 to make false or misleading statements.

Signature: [Signature] Client No: 42534 Date: 23/08/2021

Signature: [Signature] Client No: 42533 Date: 23/08/2021

Signature: _____ Client No: _____ Date: ____/____/____

Signature: _____ Client No: _____ Date: ____/____/____

Office Use Only:

Completed by: Op Name: _____ Op No: _____ Date: ____/____/____

F0006 - Nov 18

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FORD CO-OPERATIVE CREDIT SOCIETY LIMITED ABN 74 087 651 456

TRADING AS GEELONG BANK AFSL/Australian Credit Licence Number 244351



