



REQUEST FOR CLOSURE OF MEMBER CHEQUING FACILITY

Member Number _____ Account Number _____

Title Mr Mrs Miss Ms Other (please specify) _____

Surname(s) _____ Given Name(s) _____

Residential Address _____

Contact Details Home _____ Mobile _____ Business _____

Email _____

Joint Members Details (If applicable)

Title Mr Mrs Miss Ms Other (please specify) _____

Surname(s) _____ Given Name(s) _____

To: Bankstown City Credit Union Ltd,

I/We give permission for the below Member Chequing Facility to be closed and the enclosed books to be cancelled.

In accordance with the Terms and Conditions contained in the Member's Cheque Scheme Application Form, I/We indemnify the Credit Union and hold the Credit Union harmless against claims made by any person whatsoever as a result of the closure.

I/We agree to accept and pay any dishonour fees that may incur on cheques received after the close of the Member Chequing Facility.

Reason for Closure _____

Cheque book/s returned Yes No

Cheque book numbers _____ to _____

_____ to _____

_____ to _____

Deposit book/s returned Yes No

Signature _____

Date _____

Signature _____

Date _____

Office Use Only

Received By _____

Date _____

Processed By _____

Date _____

