

# Authority to Close Account

**Name of Financial Institution:**

**Address of Financial Institution:**

**Department:**

**Instructions:**

I/We authorise and direct you to close my/our account described below and to pay the account balance by cheque to me/us.

**Account holder name/s:**

**Account number:**

BSB

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

*Please send the cheque for the account balance to:*

**Postal Address**

 Postcode:

When the account is in joint names, please make the cheque payable to all account holders and send it to the above address.

**Signature**

*Thank you for your assistance.*

*Yours faithfully,*

Signature

Signature

Name

Name

Date:

Date: