

# Account Closure Form

This form can be used to close Heritage transaction or savings accounts.  
If you wish to close a lending facility please contact us on 13 14 22.

Date:

## Closure details

Membership Number:  Member Name/s:

Mailing Address:

Email Address:  Phone:

I/we wish to close the following account/s (ie. S1, S24):  **OR** I/we wish to close all accounts underneath this membership

### Please return the remaining funds left in my account/s to me via:

**Transfer to another Heritage account**

Account Number:  S/L  Account Name:

**Transfer to another financial institution - a fee may apply** We may contact you to confirm these transfer details

Name of Bank:  Branch Location:

BSB Number:  (Consists of 6 digits) Account Number:  (Maximum of 9 digits)

Account Name:  Reference:

**Cheque posted to my membership mailing address - a fee may apply**

## Declaration

I/we acknowledge that any external payments (direct debits, periodical payments), that are attempted after the closure of the nominated account/s above, will be rejected and that external dishonour fees may apply which are outside of Heritage's control.

I/we acknowledge that if I/we are closing the transaction account that our Visa Debit/Eftpos card is linked to, and there are no other available transaction accounts to link the card to, that this card will be cancelled immediately and any further payments, direct debits and direct credits will be dishonoured.

I/we acknowledge that if I/we are closing an account with a cheque facility that any cheques presented after closure will be dishonoured.

I/we acknowledge that if I/we are closing the last account/s on my/our membership noted above, that the membership with Heritage will also be closed. Once the membership is resigned, access to Heritage Online and Heritage Access Line will cease.

Authorised account holder 1	<input type="text"/>	Authorised account holder 2	<input type="text"/>
Signature:		Signature:	
Authorised account holder 3	<input type="text"/>	Authorised account holder 4	<input type="text"/>
Signature:		Signature:	

## Return form to:

 <b>Email completed form to:</b> info@heritage.com.au	 <b>Drop into your local branch</b>	 <b>Post completed form to:</b> Heritage Bank - Banking Services PO Box 190, Toowoomba Q 4350
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## HERITAGE USE ONLY

Processing Staff Name:  Witness Signature:   Signature/s Verified