

# VISA CARD ACCOUNT CLOSURE REQUEST



## Member details

Member number \_\_\_\_\_ Date \_\_\_\_\_

Membership name \_\_\_\_\_

## Card number/s to be closed

Number of Visa cards to cancel \_\_\_\_\_

Last 4 digits card 1 \_\_\_\_\_

Last 4 digits card 2 \_\_\_\_\_

Last 4 digits card 3 \_\_\_\_\_

Last 4 digits card 4 \_\_\_\_\_

## Cardholder name/s

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given names \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_

Given names \_\_\_\_\_

## Acknowledgement of liability for account

1. I surrender all Visa cards held by me operating on this account.
2. I authorise that any debit(s) drawn on this account be debited to this account and I authorise the re-opening of the account to accommodate any such debit/s if necessary.
3. I acknowledge responsibility for such debits and any credit charges and stamp duty applicable to the payment of these debits.
4. I will cancel any recurring debit(s) attached to this account.
5. I accept the conditions of closure stated in the Acknowledgement of Liability and request Heritage close my account and cancel the above card numbers.

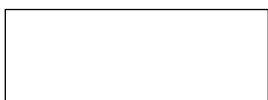
## Signature of cardholder/s

I/We am/are aware that under Heritage's Constitution, Heritage may charge the credit balance of my deposit account or any dividend, interest, bonus or rebate payable to me in respect to any debt owed by me to Heritage.

Signature of cardholder \_\_\_\_\_

Signature of cardholder \_\_\_\_\_

## Internal use only



Branch stamp

Signature verified  Y  N CSO Signature \_\_\_\_\_

### Request received

Time	Date	Initials

### Account closed

Time	Date	Initials

### Input checked

Time	Date	Initials