

Complete this form if you wish to close your account/s and/or terminate your membership. Please use a black or blue pen.

PERSONAL DETAILS

For joint, mess or business accounts, we only need the details of one account holder for this question.

Title	Given Name(s)	Other Name(s)	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Surname			
<input type="text"/>			
Residential Address			
<input type="text"/>			
Suburb	State	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home Phone	Mobile		
<input type="text"/>	<input type="text"/>		
Email			
<input type="text"/>			

I/we authorise redemption of my/our term deposit. (Penalties apply if closed prior to maturity)

N/A No Yes

I/we have ceased all electronic deposits.

N/A No Yes

I/we have cancelled all direct debits and request that no further direct debits be processed.

N/A No Yes

I/we have returned/attached/destroyed all Visa Cards (45 days required before closure)

N/A No Yes

REASON FOR CLOSURE

<input type="checkbox"/> Consolidation of accounts	<input type="checkbox"/> Paid out loan
<input type="checkbox"/> No longer Defence-related	<input type="checkbox"/> Better rate elsewhere
<input type="checkbox"/> Dissatisfied with service	Other <input type="text"/>

SIGNATURE

Please sign here. (All signatures are required if an account is '2 or more to sign', or if credit facilities are to be cancelled.)

Signature

<input type="text"/>	Date / /
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Signature

<input type="text"/>	Date / /
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If after your account/s has been closed, you hold no accounts with Australian Military Bank, your membership will be resigned.

ACCOUNT FUNDS

How would you like us to return funds (including interest and any shares less any debit interest and/or fees) to you?

Cash (where request made in person)

ACCOUNT/S TO BE CLOSED

Name of account	Account number
<input type="text"/>	<input type="text"/>
Name of account	Account number
<input type="text"/>	<input type="text"/>
Name of account	Account number
<input type="text"/>	<input type="text"/>
Name of account	Account number
<input type="text"/>	<input type="text"/>

FUNDS TRANSFER

On closure of the above account, to which account would you like us to transfer funds (including interest)?

Name of account	
<input type="text"/>	
Financial institution	
<input type="text"/>	
BSB	Account number
<input type="text"/>	<input type="text"/>

ACCOUNT CLOSURE DETAILS

Please complete the following about the account/s to be closed.

I/we authorise termination of any credit facilities attached.

N/A No Yes

I/we authorise termination all periodic deposits.

N/A No Yes

Please ensure all details are correct. AMB cannot check that the beneficiary's name matches the BSB and account number. An incorrect BSB or account number will result in your money being paid to the wrong account and may result in the loss of funds.

OFFICE USE ONLY

<input type="checkbox"/> Account authorities checked	<input type="checkbox"/> Direct entry screens checked
<input type="checkbox"/> Periodic payments cancelled	<input type="checkbox"/> Credit limits cancelled
<input type="checkbox"/> Direct debits checked	<input type="checkbox"/> Card closures processed
<input type="checkbox"/> Loan/s paid in full	<input type="checkbox"/> Account/s closed
<input type="checkbox"/> Card closure letter provided	<input type="checkbox"/> ANI loaded
<input type="checkbox"/> Internet & Phone Banking cancelled	
<input type="checkbox"/> Copy of authority emailed to service@australianmilitarybank.com.au	
Call back completed (amounts >\$5k) - use phone no on system. If number not correct, have member answer 3 non wallet q's correctly.	
<input type="checkbox"/> Validate details are correct with member (e.g. amount & payee details)	
<input type="checkbox"/> Signature checked against ID	

Type	Number
<input type="text"/>	<input type="text"/>
Operator number	Staff signature
<input type="text"/>	<input type="text"/>