



HERITAGE ISLE
CREDIT UNION LTD

ABN 32 087 651 278 AFSL/ACL 246648

Membership Resignation Account Closure

Member Number: _____ Daytime Contact number: _____

Member name (s): _____

Account Type (if applicable): _____

Please cancel my/our membership/Account for the following reason(s):

- Account no longer required
 - Transferring to another Financial Institution
 - Moving interstate/overseas
 - Dissatisfied with products/service (please specify) _____
 - Other (please specify) _____
-

I/we authorise the Credit Union to

- Transfer funds to the following external account
Financial Institution: _____
BSB: _____ Account Number: _____
Account name: _____
 - Transfer funds to the following internal account
Member Number _____ Account type _____
 - Other
Details: _____
-

By closing my/our membership/account with the Credit Union, I/we understand that I/we are still responsible for any transactions that have been authorised prior to the account closure, such as regular Visa debits. I/we will arrange for any such debits to be cancelled directly with the supplier.

I/we also confirm that all cards and unused cheques issued on this membership/account have been destroyed.

Member Signature/s

Date

Office Use Only

Authentication of request check

Operator must contact member to confirm authentication of request. Contact number must be used as per number held on our system. Normal security checks must be completed to confirm identity and validate the request.

Contacted member by phone

Account Closure/Resignation

Completed Checklist & attached

Balance transferred (as per instructions above)

Confirmation Certificate issued (if applicable)

Removed File from active Filing System

Completing Staff Name: _____

Completing Staff Signature: _____

Manager/Supervisor signoff:

Form Checked

File & System are correct

Manager/Supervisor Name _____ Signed as checked: _____/____/____