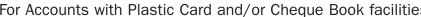
Account Closure Form For Accounts with Plastic Card and/or Cheque Book facilities





Branch	n No:		1 1 1		Request D	Date:	/	/		Closure Date:	/		/	
1. Cus	stomer Do	etails												
Custor	mer No:		1 1 1	1 1										
Custor	Customer Name:													
Postal	Address:													
Teleph	one No. (I	B/H):	()				Telephone	No. (A/H)): ()			
					Important: E	insure postal a	ddress	is confirmed to	the system	1.				
2. Che	eque Boo	k Details	(if applica	ble)										
Have a	all the che	ques beer	n presented	?	YES /	NO		Last cheque used (number):						
								Reason for Closure:						
The cheque book should be returned by the customer. Where the cheque book cannot be returned please ensure all remaining cheques are stopped and the cheque trigger is changed to manual.														
3. Plastic Card Details (if applicable)														
Card N	umber/s:				x x	x x x	Χ	X						
					x x	X X X	Χ	X						
	I/We ins	truct the B	Bank to clos	e the a	bove cardho	older number	/s (All	cards must b	oe returne	d and destroyed)			
Important: If plastic card is to be relinked, it must be linked to another Account under the same Customer Number.														
Date C	ard/s Col	lected:		/	/	′	_ L	Date Card/s	Closed &	Destroyed:	/	/		
								Reason for 0	Closure:					
4. Electronic Banking														
PayID has been deregistered Recurring and/or future dated payments cancelled														
5. Payment of Funds														
I/We accept the conditions of account closure as mentioned in the declaration and request Bendigo Bank close my/our account using this														
docume	ent. I/We	request th		of the	account be	paid by:				1				
	Bank Ch	eque*	Payee:			T				Cheque Nu	mber:			
	Transfer	funds to c	other BBL Ad	ccount	Number:			<u> </u>						
	Other:							Total (at o	late of clos	sure): \$				
* Advise Customer that any Bank Cheque fees will be deducted from their balance.														
	claration	/a ava attac	hadı											
Where cheque book/s are attached: I/We surrender all cheque books held by me/us operating on this account. I/We acknowledge that any cheques presented before the specified closure date will be honoured, provided that there are sufficient funds in the account. If not, the cheques will be returned with the answer "Refer to Drawer". I/We acknowledge that any cheques drawn on this account which are presented after the specified closure date will be returned with the answer "Account Closed" and any fees and charges incurred will be bourne by Me/Us. Where plastic card/s are attached (disregard if relinking):														
I/We surrender all plastic cards held by me/us operating on this account. I/We authorise that any plastic card debits drawn on this account, which are presented to the Bank within 45 days of my/our surrendering of all plastic cards attached to this account, will be debited to this account and I/we authorise the reopening of the account to accommodate any such debits if necessary. I/We acknowledge responsibility for such debits and any overdraft interest applicable to the payment of these debits.														
Custor	mer Signa	ture:					_	Customer Signature:						
7. Baı	nk Office	Use Only												
Tick if a	ny of the	following a	pply and tal	ke the	necessary a	ction to rem	ove, re	direct or can	cel.					
	Periodica	I Payment	S	L	Funds	Held/Transa	ction S	Stops	[Credit C	ard Payme	nts (e.g. I	nsurance)	
	TDA Mat	urity Instru	ictions		Merch	ant Fees (ter	minal o	collected)		Plastic C	ard Maint	enance		
	Direct De	ebits/Cred	its		Bank Intere	est/Dividends	5		Loans Link	kage (offsets)		ID \	Verified	
Staff S	Signature:							Staff No:	1	, Da	te:	/	/	