

Name: _____

Address: _____

Phone: _____

Direct debit organisation's details:

Name: _____

Address: _____

Fax No. (if faxing this form): _____

Dear Sir / Madam,

Re: Request to close my account

Customer Number: _____

Customer Name: _____

I request that the above account held with your financial institution be closed and the balance forwarded to bankmecu (details appear below), or alternatively by Direct Credit to:

Financial Institution: bankmecu

Address: 222 High Street, Kew Victoria 3101

Phone number: 132 888

BSB: 803 140

Customer Number: _____

Customer Name: _____

Other relevant information or instructions (insert below)

Thank you for your past service and assistance in this matter.

Yours faithfully,

Signature: _____ Date ___ / ___ /

Signature: _____ Date ___ / ___ /