

# Close savings account(s) request

## What are your personal details?

### First account holder

Title  Mr  Mrs  Ms  Miss Other  Member no.

Given names  Last name

Home phone  Work phone  Mobile phone

Email

### Second account holder

Title  Mr  Mrs  Ms  Miss Other  Member no.

Given names  Last name

Home phone  Work phone  Mobile phone

Email

## Which account(s) do you wish to close ?

- Everyday or Everyday Direct account  Bill Paying  Cash Management
- Cash Management  Online Savings  Summer Stash account
- Under 18 Savings  Reward Saver  Pension Advantage account
- Other

I acknowledge that any access facilities such as cards, offset or cheque books will be cancelled. Any RediCredit facility (if applicable) will also be closed.

Please:  Mail a cheque to the residential address

Transfer \$  to the  account

Other

## Please sign below in black pen only

Refer to the Conditions of use - Accounts and access and the Fees and charges brochure for details on account conditions and fees and charges.

### First account holder

Signature  Date

### Second account holder

Signature  Date

Office use only

Member no

Operator no

Date actioned

Sig verified by

## Returning this form



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