

Authority to close account

What are the financial institution's details?

Name of financial institution

Address

Suburb

State

Postcode

What are your account details?

First account holder

First names

Surname

Second account holder

First names

Surname

Account details

BSB

Account number

What are your instructions?

I/We authorise and direct you to close my/our account described above from

Please send a cheque for the account balance to:

Teachers Mutual Bank Limited

PO Box 7501

Silverwater NSW 2128

Please use the following reference

Member no.

Please sign below in black pen only

First account holder

Signature

Date

Second account holder

Signature

Date

Returning this form



Directly to the financial institution you are closing the account with