## Adelaide Bank Limited

Adelaide Bank Limited Australia

# Credit Card Account Closure Request Form

**Please Complete all information below**

Please close my credit card account amount oweing $

Account Number

**Card Holder's Name** (**Note** Signature and financial deatails to be provided by the principal cardholder)

| Title | First Name | Initial | Surname |
|---|---|---|---|
| | | | |

**Address Details**

| Postal Address | State | Postcode |
|---|---|---|
| | | |

| Home Address (if different from above) | State | Postcode |
|---|---|---|
| | | |

**Personal Details**

| Home phone Number | Work Phone Number | No. of Dependants |
|---|---|---|
| | | |

| Drivers Licence Number | Date of Birth |
|---|---|
| | |

**Please make effective immediately**
**Please find attached payment of** $ **to close account**
**I do not give permission to have the account reopened without my consen**

**Declaration**
I have been truthful in all information provided and have not given false names
or misleading information in this form.
I have made sure all automatic transactions from this account are no longer drawn out to incurr
a reopening of account

Signature of Primary Cardholder

Date / /

Signature Verified

Date / /