St George Bank

St George Bank 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 / /