

Credit Card Account Closure Request Form

Please Complete all information below

Please close my credit card account amount owing \$

Account Number

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

Title	First Name	Initial	Surname
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Address Details

Postal Address	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Address (if different from above)	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Personal Details

Home phone Number <input type="text"/>	Work Phone Number <input type="text"/>	No. of Dependants <input type="text"/>
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Drivers Licence Number <input type="text"/>	Date of Birth <input type="text"/>
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Please make effective immediately

Please find attached payment of \$ to close account

I do not give permission to have the account reopened without my consent

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 incur a reopening of account

Signature of Primary Cardholder

Date

Signature Verified

Date