

Authority to close account

Financial institution details

Name of financial institution

Address

Unit/Floor/Street no

Street

Suburb/Town

State

Postcode

Instructions

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

First account holders full name

Joint account holders full name

BSB

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Account number

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Please send a cheque for the account balance to:

Teachers Credit Union
PO Box 7501
Silverwater NSW 2128

with the following reference:

_____ (Teachers Credit Union Member or Account No.)

First account holders signature

Date

Joint account holders signature

Date

Please send this form directly to the financial institution you are closing the account with