Deceased close account



Deceased person	al details				
Surname	Given n	ames	Customer number		
Last address					
		Postcode	•		
Account closure					
I request that all a	ccounts opened in the deceas	sed name be closed a	nd the credit balance be paid as follows:		
Transferred to Bank Australia account number		er OR provi	OR provide bank transfer details		
BSB	Account number Tit	le	Reference number		
I acknowledge that		ervices linked to the a	ccount will cease upon closure of this account.		
Account Hamboro					
Declaration					
I/We also acknowl	edge that I/we remain respon	sible for all transaction	completion of the above important items. Ins I/we have authorised to be debited against a date the deceased account is closed.		
Please indicate yo	= :	ount/s by ticking a bo	x below, and/or providing more information		
Deceased cus	tomer personal account	Deceased joint custor	ner		
Additional comme	ents				
Signature		Date			
		/			
Signature		Date			

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

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Office use only						
Close account worksheet						
Closure tasks	Date actioned	N/A	Operator # and initials			
Signature verified	/ /					
Card returned/Letter completed	/ /					
Services cancelled (IB)	/ /					
Insurance policy cancelled	/ /					
Direct entry authority cancelled	/ /					
Periodical payment authority cancelled						
Merchant facility returned	/ /					
Overdraft cancelled	/ /					
Close signatory RIM						
Outstanding loan security cancelled/released	/ /					
Exit worksheet						
Balance payable	\$					
Date closure processed	/ /					
Transfer to account						
Account closure letter sent	/ /					
Actioned by Op # and initials						
Checked by Op # and initials						

Visit us at your nearest branch bankaust.com.au/support/branches

Mailing something?

248 Commercial Rd, Morwell VIC 3840

Email us mail@bankaust.com.au Talk to someone 132 888

