Deceased close account



Deceased persona	l details	
Surname	Given names	Customer number
Last address		
		Postcode
		1 0010000
Account closure		
I request that all acc	counts opened in the deceased nan	me be closed and the credit balance be paid as follows:
Transferred to B	Bank Australia account number	OR provide bank transfer details
BSB	Account number Title	Reference number
I acknowledge that	all access to products and services	s linked to the account will cease upon closure of this account.
Account numbers to	o be closed	
Declaration		
	that the deceased accounts will be	closed only on completion of the above important items.
I/We also acknowle	dge that I/we remain responsible fo	or all transactions I/we have authorised to be debited against debited as at the date the deceased account is closed.
Please indicate you in the space provide		by ticking a box below, and/or providing more information
Deceased custo	omer personal account Deceas	sed joint customer
Additional commen	ts	
Signature		Date
Signature		Date

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

Deceased close account

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?

7-9 Seymour St, Traralgon VIC 3844

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

