

# Authority to Close Account

## SECTION A: WHAT ARE YOUR FINANCIAL INSTITUTION'S DETAILS?

NAME OF FINANCIAL INSTITUTION:			
ADDRESS:			
	Suburb:	State:	Postcode:

## SECTION B: WHAT ARE YOUR ACCOUNT DETAILS?

NAME OF FINANCIAL INSTITUTION:			
BSB:		ACCOUNT NO:	
ACCOUNT NAME:			

## SECTION C: WHAT ARE YOUR INSTRUCTIONS?

I/We authorise and direct you to close my/our account described above from \_\_\_\_\_

Please send a cheque for the account balance to:

Macquarie Credit Union  
PO Box 1618  
Dubbo NSW 2830

Please use the following reference:

MEMBER NO:	
------------	--

*Please sign below in black pen only.*

**Signature of first account holder:**

SIGNATURE:		
	DATE:	

**Signature of second account holder:**

SIGNATURE:		
	DATE:	

## SECTION D: RETURNING THIS FORM

Directly to the financial institution you are closing the account with.