

# Authority to close account

## What are the financial institution's details?

Name of financial institution

Address

Suburb

State

Postcode

## What are your account details?

### First account holder

First names

Surname

### Second account holder

First names

Surname

### Account details

BSB

Account number

## What are your instructions?

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

Please send funds to my Teachers Mutual Bank account:

BSB

Account number

Please use the following reference

Member no.

## Please sign below in black pen only

### First account holder

Signature

Date

### Second account holder

Signature

Date

## Returning this form



Directly to the financial institution you are closing the account with