



# Close Account Request

Complete the form using blue or black pen and print in clear CAPITAL LETTERS

Mail the completed form to: **GPO Box 5302, SYDNEY NSW 2001** OR Fax to: Local **1300 765 150** International **+612 9762 9339**

## ACCOUNT DETAILS

Account name

Account type

Entity  Single  Joint  *Give details for Customer 1 & 2*

## CUSTOMER 1

Title  First name  Middle name(s)

Surname

## CUSTOMER 2

Title  First name  Middle name(s)

Surname

## CLOSURE OF HSBC ACCOUNTS

Select account type(s)

Day To Day  HSBC Everyday Savings  HSBC Premier Cash Management

Term Deposit  Offset Savings  HSBC Bonus Savings

Everyday Global  Which accounts are to be closed?

Close **all** accounts including the control currency account  OR Specify the account(s) to be closed by **currency** (except control currency account)

Other  Specify

Account(s) to be closed

BSB	Account number	BSB	Account number

Reason for account closure

Interest rate  Product features  No longer required  Customer service

Other  Specify

**Destroy all debit cards and cheque books attached to closed accounts**

## ACCOUNT WITHDRAWAL DETAILS – Complete if you are withdrawing funds

How are funds to be withdrawn?

Pay by cash (Branch only) BSB  Account number

Credit HSBC Bank account  BSB  Account number

Credit to other Local Bank account (AUD)\*  Specify account details below

Account name  BSB  Account number

**Note:** To credit a local bank account (foreign currency) or an overseas bank account, complete a separate Transfer of Funds form\*  
\* Fees and charges apply. Refer to the Personal Banking Booklet.

## CUSTOMER SIGNATURE(S)

Signature of Customer 1

Date

Signature of Customer 2

Date

Name

Name

Office Use Only

SV <input type="checkbox"/>	Checking officer name <input type="text"/>	Signature <input type="text"/>	Date <input type="text"/>
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