

Close savings account(s) request

What are your personal details?

First account holder

Title Mr Mrs Ms Miss Other Member no.

Given names Last name

Home phone Work phone Mobile phone

Email

Second account holder

Title Mr Mrs Ms Miss Other Member no.

Given names Last name

Home phone Work phone Mobile phone

Email

Which account(s) do you wish to close ?

- Everyday or Everyday Direct account Bill Paying Cash Management
- Cash Management Online Savings Summer Stash account
- Under 18 Savings Reward Saver Pension Advantage account
- Other

I acknowledge that any access facilities such as cards, offset or cheque books will be cancelled. Any RediCredit facility (if applicable) will also be closed.

Please: Mail a cheque to the residential address

Transfer \$ to the account

Other

Please sign below in black pen only

Refer to the Conditions of use - Accounts and access and the Fees and charges brochure for details on account conditions and fees and charges.

First account holder

Signature Date

Second account holder

Signature Date

Office use only

Member no

Operator no

Date actioned

Sig verified by

Returning this form



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