Instructions Print Clear

HSBC

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How are funds to be withdrawn?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)*

☐ 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

✗ On completion of this form, please print and sign by hand

Date DD/MM/YY

Name

Signature of Customer 2

✗ On completion of this form, please print and sign by hand

Date DD/MM/YY

Name

Office Use Only

SV ☐	*Checking officer name*		*Signature*		*Date*	/ /

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