

REGISTERED OFFICE

Level 6, 766 Elizabeth Street Melbourne VIC 3000

G.P.O. Box 1107 Melbourne VIC 3001 **T** (03) 9347 9588

ABN 35 087 651 670

F (03) 9348 1475

Termination of Membership					Membersh	hip Number			
Constitution Rule 4.2 (1) A member may request termination of membership but only upon withdrawing all deposits and repaying all financial accommodation. Please terminate my/our membership held in the following name(s): Primary Member									
	Title		First Nam	ne					
			Surname						
Joint Member (where	e applicable)								
	Title		First Nam	ne					
			Surname						
Address									
Address								Postco	ode
Reason for Termination	on								
Please close down all	my/our accou	nts and pay to	me/us by:						
☐ Cheque payable to myself									
☐ Electronic Funds Transfer BSB Number					Account	Number			
	Account N	ame							
Institution Name									
Institution Address									
By closing my/our membership with the Credit Union, I/we understand that I/we are still responsible for any transactions that have been authorised prior to the account closure, such as regular debits. I/we will arrange for any such debits to be cancelled directly with the supplier. I/we also confirm that all cards and unused cheques issued on the membership have been destroyed. Signature(s) Date									
Office Use Only									
Check signature(s)	gning authority closed ed			Relation Cheque	RD closed nships rem book cand itus Closed	celled	Member		Joint Member

Level 2 55 Victoria Parade Fitzroy 3065 T (03) 9288 3706 F (03) 9288 3708