

NOTICE OF RESIGNATION OF MEMBERSHIP



BCU Bank is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
PO Box 1563, Coffs Harbour, NSW 2450 | T 1300 228 228 | W bcu.com.au

CUSTOMER DETAILS

Title _____ Surname _____ Given name/s _____

Address _____

Suburb _____ State _____ Postcode _____ Customer number _____

CLOSURE OF ACCOUNT

We're sorry that you've decided to leave us. Perhaps there is some aspect of our service which did not meet your requirements. We would appreciate you taking this opportunity to tell us. Please complete the following section (and return in the envelope provided if applicable).

Why are you leaving?

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> inconvenient ATM | <input type="checkbox"/> leaving state | <input type="checkbox"/> loan declined | <input type="checkbox"/> Climate Change Policy |
| <input type="checkbox"/> loan refinanced | <input type="checkbox"/> loan repaid | <input type="checkbox"/> main banking elsewhere | |
| <input type="checkbox"/> no local branches | <input type="checkbox"/> term deposit matured | <input type="checkbox"/> unhappy with fees | |
| <input type="checkbox"/> unhappy with interest rates | <input type="checkbox"/> unhappy with product features | <input type="checkbox"/> unsatisfactory service | |

Comments you would like to make

Account Payout Method

- cheque cash transfer to another BCU Bank account _____
- transfer to other financial institution: BSB _____ Account Number _____
Account Name _____

AUTHORITY

Please pay to me the balance of my account, plus interest and shares, if applicable.

I am aware that I am still responsible for any VISA/ATM/EFTPOS transactions that are presented after resignation.

X

Primary signature

Name _____

Date _____

X

Secondary signature

Name _____

Date _____

X

Witness signature

Name _____

Date _____

OFFICE USE ONLY

Please advise customers that their VISA card, auto transfers and direct debits will now be cancelled. Any regular debits via VISA will need to be cancelled/alterd by customer with merchant.

- | | |
|---|--|
| <input type="checkbox"/> Attributes closed | <input type="checkbox"/> Accounts closed _____ |
| <input type="checkbox"/> Deselect eStatements | <input type="checkbox"/> Shares paid (if applicable) |
| <input type="checkbox"/> RIM status changed | |

Branch _____ Date _____

Completed by _____ Operator number _____

Authorising officer _____ Operator number _____