

# credit card closure

## ➤ 1. Member details

Full name (exactly as it appears on Credit Card): \_\_\_\_\_

Member Number: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

## ➤ 2. Credit card details

Card number (last 4 digits): \_\_\_\_ \_

- Please accept this authority to cancel my credit card facility, effective immediately.
- I acknowledge that my account cannot be closed until all outstanding debits on my credit card have been paid.
- I will destroy and dispose of all cards linked to the account and will ensure that all automatic transactions from this account are cancelled or redirected to another account.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Return the completed form to:

- > any Qudos Bank branch
- > mail: Qudos Bank, Locked Bag 5020, Mascot NSW 2020
- > secure Mail
- > email: [lending@qudosbank.com.au](mailto:lending@qudosbank.com.au)

### Office use only

Signature verified:  yes

Additional card cancelled:  yes  N/A

Teller Name: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_