

Credit Card Account Closure Application

1 CUSTOMER DETAILS

Credit Card Number

Customer Number

Primary Cardholders Name

Reason for Credit Card Account Closure

Rates/Fees too high

Features not as expected

Service not as expected

Gone to competitor

Circumstances changed

Other

Details

2 CREDIT BALANCE DISBURSEMENT

BSB

Account Number

Account Name

Institution Name

Branch

3 ACKNOWLEDGEMENTS AND CONSENTS

Important Notes

- If there is an outstanding Account Balance on your Account, this balance will need to be paid before your Account can be closed. This includes pending transactions, interest, fees and charges.
- All Cards linked to your Account will be cancelled and you are responsible for informing any Additional Cardholder/s.
- You are required to ensure that your Card, as well as the Cards of each Additional Cardholder, are destroyed and disposed of securely.
- You need to cancel any regular payments going into or out of the Credit Card Account.
- Any outstanding rewards points will expire upon closure of my Credit Card Account (*Platinum cardholders only*).

I authorise Great Southern Bank to close my Credit Card Account.

Signature

Date

A physical signature is only required if lodging via post or dropping into branch. If you are lodging via Online Banking Secure Message, a signature is not required.

Our **privacy policy** explains how we handle your personal information, and is available at greatsouthernbank.com.au or by calling us on **1300 367 672**.

Once you have completed this form:



Send it:
via secure message
in Online Banking



Drop it into a branch



Mail it to:
Card Maintenance
GPO BOX 100, Brisbane QLD 4001

We're here to help

If you need assistance completing this form, call us on **133 282** or drop into your local branch.

OFFICE USE ONLY

SECTION 1 Completed by staff member receiving the form

Form submitted:

Bank Support
Branch
Great Southern Bank contact centre
Secure Email in Online Banking

Identity confirmed:

I have verified the customer's identity
The customer has verbally confirmed and consented to the above request *(contact centre only)*

Received by:

Staff name: ID: Date processed:

SECTION 2 Completed by staff member processing form

Received by:

Staff name: ID: Date processed:

Checked by:

Staff name: ID: Date processed: