

ANZ V2 PLUS ACCOUNT CLOSURE REQUEST



Date:

Authorised Contact Name:

Contact Number:

Intermediary:

Complete all appropriate sections and fax or email to V2 PLUS Service Centre

Fax: 1800 671 800

Email: v2supprt@anz.com

All requests must be signed by the customer(s)

Any unsigned requests will be returned to you.

ACCOUNT TO BE CLOSED

Account Name

BSB

Account Number

Remaining account balance including pending interest to be sent via:

Electronic Funds Transfer

Account Name

BSB

Account Number

Reference (appears on recipients statement)

V2 PLUS Cheque

Payee Name

Address to be sent (if different from account mailing address)

Street Address

Suburb

State

Postcode

SIGNATURE(S)

Customer's Full Name

Customer's Full Name

Signature

Signature

Date (DD/MM/YYYY)

Date (DD/MM/YYYY)

Important information

This facsimile/document contains information that is confidential and which may be legally privileged. If you are not the intended recipient, you must not read, use, distribute or copy this facsimile/document. If you are not the intended recipient, please notify us immediately on 13 28 33 and return the original facsimile/document to us by mail at our expense. Thank you.