

# Easypay Plus Package Closure Form – Authority to Close & Transfer Accounts

**Police & Nurses Limited** ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701  
 Level 7, 130 Stirling Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849  
 T 13 25 77 | F (08) 9219 7660 | W pnbank.com.au



## APPLICANT DETAILS

### Primary Applicant

Member number \_\_\_\_\_  
 Title \_\_\_\_\_ Surname \_\_\_\_\_  
 Given name/s \_\_\_\_\_

### Secondary Applicant

Member number \_\_\_\_\_  
 Title \_\_\_\_\_ Surname \_\_\_\_\_  
 Given name/s \_\_\_\_\_

## APPLICATION DETAILS

I/We wish to close/transfer the following accounts and acknowledge:

- Upon the closure/transfer of the accounts listed below I/we will no longer be eligible for the Easypay Plus Package;
- My/our accounts under the Easypay Plus Package will be transferred as per the Terms & Conditions of the Easypay Plus Package and as detailed in the Easypay Plus Package Application Form; and
- As from the date of this Authority new terms and conditions, fees and charges will apply to the following accounts.

Account number	From account type	Close	Transfer	To account type
<input type="checkbox"/> _____	Easypay Plus Home Loan	<input type="checkbox"/>	<input type="checkbox"/>	Easypay Home Loan
<input type="checkbox"/> _____	Easypay Plus Access Account	<input type="checkbox"/>	<input type="checkbox"/>	Easypay Access Account
<input type="checkbox"/> _____	Easypay Plus VISA Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	Easypay VISA Credit Card
<input type="checkbox"/> _____	Easypay Plus Platinum VISA Credit Card	<input type="checkbox"/>	<input type="checkbox"/>	P&N Bank Platinum VISA Credit Card
<input type="checkbox"/> _____	Easypay Plus Equity Access	<input type="checkbox"/>	<input type="checkbox"/>	Equity Access
<input type="checkbox"/> _____	Easypay Plus Investor Access	<input type="checkbox"/>	<input type="checkbox"/>	Investor Access
<input type="checkbox"/> _____	Easypay Plus Mortgage Breaker	<input type="checkbox"/>	<input type="checkbox"/>	_____
<input type="checkbox"/> _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Please transfer balance of account and all eligible services to the new account.

Note: the following services are not available with all account types: overdraft, member cheque book, card access, direct debit and auto transfer. Those facilities that are not available will be closed.

## AUTHORITY

Borrower/Guarantor's signature

Name \_\_\_\_\_

Date \_\_\_\_\_

Borrower/Guarantor's signature

Name \_\_\_\_\_

Date \_\_\_\_\_

Note: all Borrowers/Guarantors to the loan must sign and return this Easypay Plus Package Closure Form in the reply paid envelope provided.

**OFFICE USE ONLY**

Tick the boxes upon completion.

**Retail staff to complete:**

- Terms of rate change detailed to member/s
- Loan Account Schedule of Access, Fees & Charges provided
- Savings & Transaction products PDS provided
- Savings Account Schedule of Access, Fees & Charges provided
- Savings rates schedule provided
- Interest rate and comparison rate sheet provided
- VISA Card Terms & Conditions provided
- Change savings & credit card account classes

**Branch/Broker services**

X

Signature

Name \_\_\_\_\_

Date \_\_\_\_\_

**Loans Maintenance use:**

- Change account classes
- Apply new interest rate & recalculate repayments
- \$8 home loan fee waived if have offset
- \$8 home loan fee reinstated Fixed Rate Loan
- Offset account de-linked (if applicable)
- Letter sent to member/s
- Note loaded on account

**Loans Maintenance**

X

Signature

Name \_\_\_\_\_

Date \_\_\_\_\_

**ACCOUNT CHANGE GUIDE**

Change from product code	Change to product code
421 or 422	480
121	115
126	180 or transaction account if no home loan with offset
321	Does not change
122	113
128 or 129	123
109 or 111	124
132	131