

# Notice of Resignation of Membership



**Police & Nurses Limited** ABN 69 087 651 876 AFSL Australian Credit Licence 240701  
Level 6, 556 Wellington Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849

## 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 P&N 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.

Signature

Name \_\_\_\_\_

Date \_\_\_\_\_

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/ altered 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 \_\_\_\_\_