



Visa Debit Card Cancellation

Date (dd/mm/yyyy) / / Member Number Account \$

Visa Card Number Expiration Date (mm/yyyy) /

Cardholder Name Address

City State Postcode

Email/s

Home Phone/s Mobile Phone/s

Was PIN with Card? Yes No (If yes, refer to Terms and Conditions for member liability)

Date of Last Valid Transaction Amount \$

Note:
I will advise any merchants to cancel any direct debits that are attached to this card. I will inform them of the new card number when it is received.

I advise that I no longer require my Visa Card and request that you cancel it. I understand that my account will remain active for 45 days to allow for any outstanding transactions to be processed and that I am required to adjust any overdrawn balances due to these transactions.

Signature

Note:
If a replacement card is not required (eg. a/c closure) and there are no other Visa cards attached to this account the Visa facility is to be cancelled.

HOTLINE: 1 800 648 027 Ref #

FRONT OFFICE USE ONLY

Received by: Op. No. _____ Date: _____

Address details checked: (P & R)

If the address has been amended, please complete section below:

Security questions asked and updated Yes No

Address amended: (P & R - edit 'Address Details') Yes No

Other services notified (MyCard, QBE): Yes No

Linked member address updated? Yes No

Member Signature Verified:

First A/c type to be accessed: \$

Photocopy of both sides of card

Original card destroyed if sighted

Diary note loaded to close account in 45 day

BACK OFFICE USE ONLY

A Visa Card access changed:

(P & R - P811 - Maintain Accounts)

Letter # 355 mailed

Op. No. _____ Date: _____