## **Closure of membership**

Options).



| Personal Details   |        |       |            |                |         |  |
|--|--------|-------|------------|----------------|---------|--|
| Member   | Number |       |            | Member Name    |         |  |
| Home Address   |        |       |            |                |         |  |
| Closure of Account We're sorry to see you go. Our aim is to provide a customer experience that is second to none so we'd really appreciate you taking this opportunity to tell us how you think we can do better! Why are you leaving? Main banking elsewhere Dissatisfied with PCU Fees and Charges Branch Access Loan Refinance (elsewhere)  |        |       |            |                |         |  |
| Loan Declined     Dormant Membership     Other   |        |       |            |                |         |  |
| Comments you would like to make  |        |       |            |                |         |  |
|  |        |       |            |                |         |  |
|  |        |       |            |                |         |  |
| Account Payment Method - Please distribute any remaining funds:  |        |       |            |                |         |  |
| Transfer to another PCU Membership   |        | r Mem | ber Number |                | Account |  |
| Transfer to other  |        | DCD   |            | Assount Number |         |  |
| Financial Institution  |        | BSB   |            | Account Number |         |  |
| Account Name   |        |       |            |                |         |  |
| <ul> <li>Signatory conditions <ul> <li>I wish to terminate my membership with the Police Credit Union and I understand that upon return of my access and credit cards, and the finalisation of any loans in my name, the following will apply:</li> <li>Any monies in my Savings Account(s), together with accrued interest will be paid to me.</li> <li>Funds in investments will be available after the appropriate Notice of Withdrawal has been given.</li> <li>I have taken steps to notify any Direct Debit Supplier of my wish to cancel the deduction from this account, including any regular Visa Card Direct Debit authorities.</li> <li>Any Periodical Payments and Quick Debits will cease.</li> <li>All access will be cancelled before membership termination is completed.</li> <li>Any payroll credits redirected to an alternate PCU membership will be accepted.</li> <li>I also acknowledge that the current Overdraft and / or Credit Facility operating on my Savings Account is to be cancelled.</li> <li>I also acknowledge that any outstanding fees &amp; charges owing will be debited to my account, including Direct Debits.</li> <li>I also acknowledge that the refund of shares will be available between 7 and 30 days after the return of the card(s) and cheque facilities listed below to the Police Credit Union Ltd provided all matters referred to above have been carried out in accordance with division 4 of the Police Credit Union's Constitution.</li> </ul> </li> </ul> |        |       |            |                |         |  |
| Member Signature   |        |       |            | Date           |         |  |
| Office Use Only  |        |       |            |                |         |  |
| Branch   |        |       | C          | DP#/Name       |         |  |
| The membership is dormant       Yes (forward form with ID to Retail Support for reinstatement)   |        |       |            |                |         |  |
| All access avenues are closed (As per Closure of Membership Checklist)   |        |       |            |                |         |  |
| Overdraft and/or Credit Facility closed 🗌 Yes (Overdraft Credit Facility Reduction or Cancellation of Limit Form completed)  |        |       |            |                |         |  |
| Shares paid (if applicable)  |        |       |            |                |         |  |
| Insurance (Allianz) (forward details to an Insurance Consultant to contact the member regarding Payment  |        |       |            |                |         |  |