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HSBC

Reset Form

ACCOUNT CLOSURE REQUEST FORM

This form must be downloaded and saved to a computer before completing and printing, to ensure all of the required fields are visible. Date D D M M Y Y

ACCOUNT DETAILS

Account name:

Account number: NZ Bank industry format: (Bank / Branch / Account / Suffix)

Or HSBC format, if known: (Branch / Account / Suffix)

Currency:

Please list any additional suffixes for this account you would also like to close:

Suffix:	Currency:	Suffix:	Currency:	Suffix:	Currency:	Suffix:	Currency:	Suffix:	Currency:

INSTRUCTION FOR PAYMENT OF FUNDS

For account closures where you are requesting payment of funds, fees (if applicable) will be deducted before we pay away. Please note that we are unable to advise of any fees applied by any other bank in the payment process. For further information on fees, please refer to the Wealth and Personal Banking Fees and Charges Listing. Please select one of the below:

☐ 1. Credit to an HSBC New Zealand account, or

☐ 2. Credit New Zealand dollars to another New Zealand bank, or

☐ 3. Remit to New Zealand bank in foreign currency, or to Overseas bank in any currency. This section should be completed if you wish to retain the funds in the foreign currency and send locally or overseas, or if you wish to send NZD overseas.

AUTHORISATION TO CLOSE

By signing below, I/we acknowledge that:

- I/we wish to close the above named account(s) and this request is governed by the terms and conditions applicable to our accounts.
- I/we have destroyed any and all **HSBC Debit Mastercards** linked to the above named accounts.
- by closing the above named account(s), that this may impact our access to **HSBC Personal Internet Banking**, and that we have downloaded any necessary **HSBC Bank Statements** from this.
- any **Automatic Payments** or **Direct Debits** loaded on the above named account(s), will stop with the closing of the account(s)

NB: Digital signatures are not accepted for Account Closure instructions. Please print this document and sign below in pen:

Customer 1 signature:

Date: D D M M Y Y

Contact No.:

Customer 2 signature: *(If applicable)*

Date: D D M M Y Y

Contact No.:

HBCM123 07/23