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HSBC

Affix Barcode here if required

ACCOUNT CLOSURE REQUEST FORM

Please write clearly using block letters for written instructions, or font size 12 for typed instructions.

Reset Form

Date: _____

Customer Name(s): _____

Account Details

Account Details (Bank/Branch/Account Number/Suffix(es))

Additional Suffixes

Instruction for Payment of Funds

☐ Credit to HSBC NZ - Account Number

Account Details (Bank/Branch/Account Number/Suffix)

Account Name: _____

☐ Pay via Local Payment to Bank: _____ Account Name: _____

Account Number

Reference: _____

☐ By TT / other: _____

_____

Reference: _____

specify bank, branch, account name and number, clearing code etc as required by destination country)

☐ For Transfer of funds $ _____ (refer to fees and charges guide applicable to your account(s)

Reason for closure: _____

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 account(s).

_____ / / _____ / /

Customer Signature and Date — Customer Signature and Date

Contact Home Number _____

Bank Use Only

Yes / No		Yes / No	
☐ ☐	ATM Card deleted and destroyed	☐ ☐	A/Ps and DDs cancelled
☐ ☐	Internet Banking Deleted	☐ ☐	Charges and Interest Applied
☐ ☐	Payment stopped for unpresented cheques	☐ ☐	Funds Dispersed
☐ ☐	Unused cheque(s) received and returned for refund NZD _____		

Branch Comments _____

_____

or Debit Account

Amount & Currency: _____

_____ / /

Signature verified and above actioned (Initials/Stamp/Date)

Charge Type: _____