



# Thriday

## Application for Transaction Account Termination

Account Name	
Membership Number	
Address (required for final statement)	
Reason of closure	
Signature	
Date	

### ***Staff Use Only***

Verify signature is correct	Yes
All Sub accounts are closed	Yes
Direct Debit authorities cancelled	Yes
Future payment authority cancelled	Yes
Visa card closed (status 9) and card destroyed	Yes
Date Account Closed on System	
Scan resignation form	Yes

Staff Member's Signature

Operator No.