

b-packaged® and b-entertained® closure request



Please use this form to close your Community Sector Banking b-packaged or b-entertained account.

Return this form by email to customerservice@cspanking.com.au, by mail to Community Sector Banking, PO Box 585, Corrimal, NSW, 2518, or by fax to 02 4255 8420.

1. Account Details

Your organisation/employer name: _____

Account holder's name: _____

Account/customer number: _____

2. b-packaged Account Closure Details

What date would you like your account closed? / /

Direct Debits - Please ensure you cancel any direct debits you have set up with external companies; and if you have provided your card number to a company, you should notify the company directly in writing or by phone to request cancellation of the direct debit. Direct Debit dishonour fees will apply for direct debits that are not cancelled.

Periodical Payments - Community Sector Banking will cancel all periodical payments on this account.

How do you want the balance of funds held in the account disbursed?

Please note: Any remaining balance is to be returned to the employer or Salary Packaging Provider.

Please choose one of the following options:

1. Into an existing Community Sector Banking, or Bendigo & Adelaide Bank, account number: _____
Account name: _____

2. Via Electronic Funds Transfer to:
Account name: _____
BSB: - Account Number: _____

3. Cheque made payable to: _____
Note, a bank cheque fee will apply and be charged to this account.

3. b-entertained Account Closure Details

What date would you like your account closed? / /

How do you want the balance of funds held in the account disbursed?

Please note: Any remaining balance is to be returned to the employer or Salary Packaging Provider.

Please choose one of the following options:

1. Into an existing Community Sector Banking, or Bendigo & Adelaide Bank, account number: _____
Account name: _____

2. Via Electronic Funds Transfer to:
Account name: _____
BSB: - Account Number: _____

3. Cheque made payable to: _____
Note, a bank cheque fee will apply and be charged to this account.

4. Authorisation

Please arrange to have the above mentioned account/s closed and the balance of funds returned as detailed in section 2 and 3 above.

Approved By (Name of Signatory): _____

Signature of Signatory: _____

Date: / / _____

Office Use Only

b-packaged

First step actioned: / / _____

Second step actioned: / / _____

Comments Stops

Card cancelled Balance details

b-entertained

First step actioned: / / _____

Second step actioned: / / _____

Comments Stops

Card cancelled Balance details