

# Membership/Account Closure Request



Use this form to request closure of an account Membership with Gateway Bank.

Please print and send your completed form to: [memberservices@gatewaybank.com.au](mailto:memberservices@gatewaybank.com.au)

\* Denotes Mandatory Field

Gateway Bank Ltd  
ABN 47 087 650 093  
AFSL/Australian Credit Licence 238293

## Member Details

### Account Holder 1

First & Last Name\*

Member Number\*

Preferred contact number\*

### Account Holder 2 (if applicable)

First & Last Name

Member Number

Preferred contact number

## I/We request Gateway to:

Close the following account/s:

Account Number\*

Account Number

Account Type\*

Account Type

OR:

Close all accounts held under my/our Member Number/s including my/our Membership/s with Gateway

**Please send the balance and any accrued interest (& refund of the \$2 share where applicable):**

To my/our account at:

BSB

Account Number

Account Name

OR:

By cheque in name of:

sent to the following address:

Reason for account closure:

## Member Authorisation & Indemnity

All services, such as Online Banking, Visa Debit Card, and Telephone Banking, which may be attached to the account/s being closed, will be cancelled prior to the closure of the account/s or Membership. **It is the responsibility of the account holder/s to redirect any direct credits or debits that are being remitted to the closed account/s.** Where account/s being closed are held in joint names, this form must be signed in accordance with the existing signing authority on the account/s. If Gateway believes that there may be a dispute over the funds held in joint names we reserve the right to request both signatures in order to close the account.

### Account Holder 1

Signature

Date

### Account Holder 2 (if applicable)

Signature

Date

GPO Box 3176 Sydney NSW 2001

1300 302 474

[memberservices@gatewaybank.com.au](mailto:memberservices@gatewaybank.com.au)

[www.gatewaybank.com.au](http://www.gatewaybank.com.au)