

PROCEDURE TO FOLLOW WHEN CLOSING MEMBERSHIP OR SUB ACCOUNT

Account Number: Account Type(s) Date:
 Client Name: Client Number: Branch: LT BF GT Admin
 Client Name Client Number: Branch: LT BF GT Admin

1. AML/Fraud Check

List last deposit into account:

Amount: \$ Date: Method:

Refer to Manager if a large deposit within last 5 business days

2. CIS701 Report generated (if member requires for account switching purposes)

3. Facilities

	Yes	N/A
ENSURE - If Breach T&C that Diary Notes & Cautions remain on account	<input type="checkbox"/>	<input type="checkbox"/>
CANCEL – Quick Debit	<input type="checkbox"/>	<input type="checkbox"/>
CANCEL - Direct Debit	<input type="checkbox"/>	<input type="checkbox"/>
CANCEL - Periodic Payments/BPAY	<input type="checkbox"/>	<input type="checkbox"/>
DELETE Client Diary/Loan Diary messages & any Caution's	<input type="checkbox"/>	<input type="checkbox"/>
RELEASE any safe custody items	<input type="checkbox"/>	<input type="checkbox"/>
Do we hold any current security packets? (Refer to Man/Sup if YES)	<input type="checkbox"/>	<input type="checkbox"/>
CLOSE sub accounts and CLEAR outstanding balances - Do not Close S1	<input type="checkbox"/>	<input type="checkbox"/>
If closing sub account only – issue confirmation of transaction, via @STAT	<input type="checkbox"/>	<input type="checkbox"/>

a) Does member have Internet Banking access? YES NO

DELETE Internet Banking access

b) Does member have Telephone Banking access? YES NO

DISABLE Telephone Banking access

c) Does the account have a Chequing Facility? YES NO LINK NO:

Cheque book passed in at time of closure? YES NO If No Why?

REDEEM Cheque Book

REFER to Man/Sup to close Cheque Facilities

SHRED any remaining cheque books

d) Does the account have a Visa Card Facility? YES NO

Card Number(s) attached: **44XX XXXX XXXX** _____ **44XX XXXX XXXX** _____

44XX XXXX XXXX _____

CHECK account for periodic Visa debits and advice Member to cancel with Merchant?

If account closed without Member's knowledge, PRINT letter number 180/retain copy

Card/s passed in at time of closure? YES NO If No Why?

CLOSE Card

CUT Card diagonally and DISPOSE of

e) Does the account consist of a Lending Facility YES NO *If Yes Refer to Manager*

f) Does the Member have Insurance? YES NO

INFORM the Member that an alternative payment method will need to be arranged

g) **CLOSE S1 Account – declassify Member**

ISSUE Statement to Member

4. Client Closure		Yes	N/A	Yes	N/A
CHANGE Postcode to "0000"	<input type="checkbox"/>	<input type="checkbox"/>	Member Type "Closed Account"	<input type="checkbox"/>	<input type="checkbox"/>
DELETE all Custom Details	<input type="checkbox"/>	<input type="checkbox"/>	REMOVE from Financial Report	<input type="checkbox"/>	<input type="checkbox"/>
DELETE Junior Saver facility				<input type="checkbox"/>	<input type="checkbox"/>
Reason for Closure:	No Longer Req <input type="checkbox"/>	Inactive <input type="checkbox"/>	Moved <input type="checkbox"/>	Deceased <input type="checkbox"/>	
	Unhappy with Service/Facility <input type="checkbox"/> If so put Details:				
	Other:				

5. Inactive Accounts		Yes	N/A
Has letter been sent advising closure 28 days prior		<input type="checkbox"/>	<input type="checkbox"/>
For inactive accounts, print "Account Closure" Letter to accompany cheque		<input type="checkbox"/>	<input type="checkbox"/>
Confirm address prior to sending letters		<input type="checkbox"/>	<input type="checkbox"/>

I authorise Bank of Heritage Isle to close my Police Bank Ltd Membership and or Account/Sub Account.

Client Signature Date:

Client Signature Date:

6. Request for transfer/withdrawal of funds		Yes	N/A
Credit other Heritage Isle account		<input type="checkbox"/>	<input type="checkbox"/>
Member Name: _____	Account Number: _____	Account Type: _____	
Credit External Account		<input type="checkbox"/>	<input type="checkbox"/>
BSB: _____	Account Number: _____	Account Name: _____	

Account closing signature/s to be used as authority to transfer funds from closed account.

7. Where request received to close account through another Financial Institution:
 CIS701 Report generated and faxed/scanned – emailed (within 3 working days of receipt of request)
 Check signatory with file

8. Account Switching		Yes	N/A
<i>Non Face to Face Closure</i>			
Issue member with account closure letter		<input type="checkbox"/>	<input type="checkbox"/>
<i>Face to Face Closure</i>			
Advise Member to Cancel any regular payment authorities that are linked to their card account. (we are unable to do this so it is the Member's responsibility)		<input type="checkbox"/>	<input type="checkbox"/>
Issue final statement		<input type="checkbox"/>	<input type="checkbox"/>

Office Use Only

Remove File from Active Filing System

Completing Staff Name: _____

Completing Staff Signature: _____

Manager/Supervisor signoff:

Form Checked

File & System are correct

Manager/Supervisor Name _____ Signed as checked: _____/_____/_____

Bank of Heritage Isle is a division of Police Bank Ltd. ABN 95 087 650 799. AFSL/Australian Credit Licence No 240018. 25 Pelican Street, Surry Hills NSW 2010.