

Application to Close Membership

Please complete below details to allow us to close your Membership and refund your share amount and any deposits (including interest).
PLEASE FAX APPLICATION TO 1300 553 523 OR RETURN TO CIRCLE VIA MAIL

Personal details

Primary member (your name in full)

Circle t member no.

Secondary details (if applicable)

Secondary member (your name in full)

REASON FOR CLOSING YOUR MEMBERSHIP (Please Complete)

- | | | |
|---|--|---|
| <input type="checkbox"/> Location of branches | <input type="checkbox"/> Left employer | <input type="checkbox"/> Moving interstate |
| <input type="checkbox"/> Deceased Estate | <input type="checkbox"/> Paid out loan | <input type="checkbox"/> Financial difficulties |
| <input type="checkbox"/> Service reason | <input type="checkbox"/> Interest rate | <input type="checkbox"/> Handling of complaint |
| <input type="checkbox"/> Product reason | <input type="checkbox"/> Personal reason | <input type="checkbox"/> Other reason (Please explain): |
| <input type="checkbox"/> Fees & Charges | <input type="checkbox"/> Moving overseas | _____ |

When closing a Membership, all associated services must also be closed. By signing the form below, the Member agrees that Circle will do the following:

- Delete all Payroll Deductions and Direct Credit (EFT) Deductions on file;
- Cancel any Periodical Payments established against the Membership;
- Cancel any Direct Entry established against the Membership;
- Cancel any Visa card/s issued to the Membership.
- Members are responsible for any debt incurred in the processing of a manual Visa card transaction that may not, as yet, have been debited to the account.
- Members must return any Circle Visa cards to a Circle office, or one of our Representatives, for destruction.
- Cancel any Member Chequing facility issued to the Membership.
- Members must reconcile the Cheque book to the current statement, and by signing the form below, agree that all cheques have been presented and that there are no outstanding cheques.
- Members agree to return all unused cheque forms to a Circle office, or our Representative, for destruction.

PLEASE NOTE the above conditions must be met before the account may be closed.

I/We hereby apply to close my/our membership of Circle Mutual Limited and request a refund of my share amount and any current deposits (including interest). If I/we have an outstanding loan balance, I/we understand that this amount will be deducted (including interest) before this refund is made. I/we hereby authorise Circle to act upon my instructions as below.

- | | |
|---|---|
| <input type="checkbox"/> Please send a cheque to the following address
(this may incur a cheque issue fee) | <input type="checkbox"/> Please transfer to the following account |
| Mailing address _____ | Account Name: _____ |
| _____ | BSB No: _____ Account No: _____ |

JOINT MEMBERSHIPS - BOTH PARTIES MUST SIGN

Signature(s)

Signature of primary member _____	Date _____	Signature of secondary joint member _____	Date _____
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