

Online Business Banking

Request to Close Service



Bankwest, a division of Commonwealth Bank of Australia
ABN 48 123 123 124 AFSL/Australian credit licence 234945

i Important Information

- Please return this form to your Business Manager once completed.
- Enquiries: Business Customer Support Team **13 7000** (Monday to Friday, 6am to 6pm WST or 8am to 8pm AEST).

Section 1 – Customer details

Company name/Business trading name	ABN/ACN	Contact name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Place of business (street address)		State Postcode
<input type="text"/>		<input type="text"/>
Postal address (if different from street address)		State Postcode
<input type="text"/>		<input type="text"/>
Phone number	Fax number	Mobile number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Email address for Online Business Banking correspondence		
<input type="text"/>		

Section 2 – Reason for closure

We wish to close access to Online Business Banking for the following reason (please tick (✓) appropriate box):

Business closed or sold

Facility no longer used (please provide details)

Will be using Bankwest Online Banking (BOB)

Opened in error

Refinance/Restructure (please provide details) >> Within Bankwest Transfer to another bank

Other (please provide details below)

Comments (please provide any comments about OBB with which you were not satisfied e.g. functionality, fees service etc.)

Section 3 – Approval (must be signed by authorised signatories)

I/We request that access to Online Banking be closed.

Full name of Director/Secretary/Proprietor (circle applicable)

Signature

Date

Full name of Director/Secretary/Proprietor (circle applicable)

Signature

Date

Signed for and on behalf of (Company/Business name):

Section 4 – Bank use only

OBB Facility Customer's CIF Key (refer to CUSTSERV screen)

Current Service Package

Service Centre/Business Unit

Number

Business Manager

Business Manager

Checklist (please initial to certify action completed)

Checklist	Initial
OBB Facility Customer's CIF Key confirmed	<input type="text"/>
Closure signed in accordance with signing authority held	<input type="text"/>
<input type="text"/>	<input type="text"/>

Name of authorising Business Manager

Signature

Date

Once this checklist has been completed and authorised by the relevant Business Manager, please forward to the Business Customer Support Team.