Cancellation form

Cancelling your PC Business Banking

Once you have completed this form, please return post or fax to:
Bank of New Zealand, PC Business Banking Support,
PO Box 2112, Wellington.
Fax +64 4 460 0350

Request effective

◯ From 30 days henceforth ◯ Other D D M M Y Y

Account details

PC Business Banking Site ID

A A

Company name

Contact name

Phone 0

Mobile 02

Fax 0

Email

Billing account number

0 2 | | 0 | |

Bank Store Account number Suffix

Cancellation of PC Business Banking

I/We hereby request closure of PC Business Banking for this organisation, as referenced by the PC Banking Site ID above.

I/We acknowledge that I am/we are providing 30 (thirty) days notice of this closure.

Authorised Signatory/Signatories

Signature

D D M M Y Y

Customer name

First

Last

Signature

D D M M Y Y

Customer name

First

Last

BANK USE ONLY:

Signatures verified – please sign

Signature

STORE STAMP:

OFFICE USE ONLY:

Actioned by

Name

D D M M Y Y

Checked by

Name

D D M M Y Y

Sign off

Name

Notification

◯ Fax back ◯ Call back ◯ Courier ◯ Email ◯ Scanned

Comments