

Account Closure Form

Please fax, email* or post this form to:
Freepost RaboDirect, PO Box 38567, Wellington 5045

Fax: 0800 22 88 66 Email: info@rabodirect.co.nz*

All forms that are emailed will need to be printed out, signed and then scanned due to signature requirements.



Your Details

Customer number

Full name

First name

Middle name(s)

Last name

Email e.g. yourname@email.com

Postal address

Street address

City / Town

Suburb

Country

Postcode

Account/s to Close

I / we wish to close all of my/our accounts and end the relationship with RaboDirect

I / we wish to close my/our

Single account Joint account Minor(s) account Business account Trust account

Account name(s)

The remaining balance and any interest owed will be paid back to the nominated account once the closure is complete.
Please call us on 0800 22 44 33 if your nominated account is no longer active.

Declaration

Signature 1

Date

Signature 2

Date

Please Email Post me:

Closing bank statement IR15 certificate