

Macquarie Cash Solutions Withdrawal Form



Macquarie Bank Limited ABN 46 008 583 542 AFSL No. 237 502 is the provider of the Macquarie Cash Management Account (CMA) and Macquarie Cash XL (Cash XL).

PLEASE USE BLACK INK

Return this form to:

Reply paid 192
AUSTRALIA SQUARE NSW 1215
Fax: 1800 550 140
Overseas fax: +61 7 3233 5499

Phone: 1800 806 310
Overseas phone: +61 7 3233 8136

Visit macquarie.com.au/personal/contact for other office locations in Melbourne, Brisbane, Perth, and Adelaide.

Online: www.macquarie.com.au/personal
Email: transact@macquarie.com

1 What is your account number?

What is your contact telephone number?

2 What is your account name (in full)?

3 Is this a full withdrawal?

Yes If Yes, would you like to close this account? Yes No

No Please state the amount(s) \$

4 Would you like a bank transfer?

Please check your account details carefully. It is your responsibility to ensure all payee account details are correct. Payments are processed using the BSB and account number provided, and account names are used as a reference only. Incorrect details may result in a loss of funds and we do not guarantee their recovery. We do not accept liability for funds unable to be recovered. Please confirm the correct account details with the payee.

- a) Overnight OR Same day (not available for Cash XL). Please note: a fee applies to same day transfers. Same day transfers may not be applicable for funds going to credit unions and building societies
- b) To nominated bank account on file OR To the bank, building society or credit union detailed below (excluding Cash XL)

Bank, building society or credit union name

Branch address

Branch (BSB) number

Account/membership number

 -

Payee account name

Optional reference OR Tax Office Reference (EFT Code) (if applicable – maximum 18 characters). This will appear on the destination statement.

Optional narrative (if applicable – maximum of 40 characters) This will appear on your CMA statement

5 Would you like a cheque or bank cheque (CMA only)?

Payable to:

Amount:

- Cheque
- Bank cheque (please note: a fee applies to bank cheques)

1.	<input type="text"/>	\$
2.	<input type="text"/>	\$
3.	<input type="text"/>	\$
4.	<input type="text"/>	\$

How would you like to obtain the cheque?

Collection will collect from office on
 after 11.30am after 2.30pm (Please note for WA clients the collection time is after 1.30pm).

Mail – Post to:

6 Special instructions

7 Your signature

By completing this form, you accept and agree to be bound by the terms and conditions contained in the CMA Product Information Statement or the Cash XL Product Information Statement (as applicable to you). If you do not already have a copy of the relevant offer document you can obtain it from our website at macquarie.com.au/personal or by contacting us.

Name (print here)

Name (print here)

Signature

Signature

Date

 / /

Date

 / /