

**HEALTHLINK
EDI ACCOUNT CLOSURE NOTIFICATION
New Zealand Form**



Date: _____

Account Details

Please complete the following details and fax to HealthLink Limited. **Fax:** 0800 288 885
If you need assistance please phone our office 0800 288 887.

Account Name	
EDI Name	
EDI/Account Merging to (if applicable)	
Telephone number	
Fax number	
Email Address	
Reason for Closure	
Date Effective	

Customer Declaration

I confirm that I wish to cancel all HealthLink services for the specific EDI(s) named on this form. If there is outstanding debt, I understand that the business will remain liable for all debts incurred up to and including the date on which HealthLink Limited is notified of cancellation. I understand that the EDI account(s) will be disconnected and unavailable for further use from the effective cancellation date as per this notification.

Name: _____ Position: _____
Signature: _____ Date: _____
Telephone: _____ Fax: _____

Internal Use Only:

1. Accounts			
2. ITS			
3. HLK Admin			
4. Accounts			