

Request to Reduce/Cancel Credit Card Limit

Member Number

Member Name

Residential Address

Street number and name

Suburb

State

Postcode

Contact Information

Phone

Email

Card Details

Card Number (first and last digits only) x x x x x x x x

Change Required

I / We request Summerland Bank cancel my / our Credit Card Limit.

I / We request Summerland Bank reduce my / our Credit Card Limit as follows:

Current Card Limit

New Card Limit

Member 1

Signature

Date
/ /

Member 2

Signature

Date
/ /

Staff Use Only:

- Signature(s) verified
- Limit cancelled / varied
- Confirmation letter sent
- AP Note created

Completed by

Signature

Name

Date

/ /