

Decrease Credit Card limit or cancel the card request

What are your personal details?

Title	☐ Mr ☐ Mrs ☐ Ms ☐ Miss Other			Member no.		
First names				Surname		
Street no. & name						
Suburb			State		Postcode	
Postal address (if different from above)						
Suburb			State		Postcode	
Home phone		Work phone		Mobile phone		
Email						

What do you wish to do?

Please complete **Section A** to decrease the credit limit on your Credit Card **OR Section B** to cancel your Credit Card.

Credit Card no.	
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Section A

☐ I hereby apply to DECREASE my Credit Card limit

My current limit is \$

The new limit I require is \$

Section B

☐ I hereby apply to CANCEL my Credit Card limit. I enclose all cards attached to this account (CUT IN TWO).

To assist us please tell us why you have cancelled your Credit Card.

Please sign below in black pen only

Signature	Date

NOTE: Where there is a joint credit limit, both accounts holders must sign.

Office use only	Member no	
	Operator no	
	Date actioned	
	Sig verified by	

Returning this form

	Teachers Mutual Bank Limited, Reply Paid 7501 Silverwater NSW 2128
	(02) 9704 8246