

Card Request/Alteration Form

Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
Level 6, 556 Wellington Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849
T 13 25 77 | W pnbank.com.au



MEMBER DETAILS

Member number _____

Card number (if applicable) X X X X X X X X

Title _____ Surname _____ Given name/s _____

Residential address _____ Suburb _____ State _____ Postcode _____

Phone: Home _____ Work _____ Mobile _____

☐ **NEW CARD REQUESTED**

I request that P&N Bank issue me with a: ☐ VISA Credit Card ☐ VISA Debit Card ☐ ATM Card

☐ **CARD COLLECTED**

☐ **PIN CHANGE**

I request to reset my PIN, and understand the following:

Do not choose a PIN which represents your date of birth, phone number or recognisable parts of your name. Do not disclose your PIN to anyone (including family members and friends). Do not keep a record of your PIN written on your card, stored on a device, or together with items you may lose or have stolen at the same time as the card.

☐ **LIMIT INCREASE**

I request to increase my daily card limit, and understand the following:

By altering your card limit, you accept liability until your limit is reset to \$1,000.

☐ \$2000 ☐ \$5000

AUTHORITY

I hereby authorise P&N to process the requested changes, and agree to abide by the terms and conditions of use applying to the requested card.

X

Signature

Date

OFFICE USE ONLY

ID number _____ ID expiry date _____

Staff Member _____ Date _____

Branch Manager (if required) _____ Date _____

- Disclosure Documents provided:
- ☐ Visa Debit Card Terms and Conditions
 - ☐ ATM Card Conditions of Use
 - ☐ Fees and Charges