

Unsecured Credit Facility Alteration Form



Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
Level 7, 130 Stirling Street, Perth WA 6000 | PO Box 8609, Perth BC, Western Australia 6849
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ALTERATION REQUEST

Note: this form is not for use in closing a secured line of credit (equity or investor access).

Member number _____ Account number _____

Account name _____

- P&N Bank Visa Classic/Easypay Plus VISA/Easypay VISA Credit Card Overdraft
 P&N Bank Visa Platinum/Easypay Plus Platinum VISA/P&N Bank Platinum VISA Credit Card & Visa Platinum

Card number

For the facility listed above I/We request you

- cancel the above Line of Credit and withdraw my credit limit of \$ _____
 reduce the limit on the above from \$ _____ to \$ _____
 please destroy my attached Credit Card
 note that I/we have already destroyed my Credit Card

AUTHORITY

I/We have cancelled or changed all recurring transfers or direct debits (gym memberships, internet or insurance payments)

I/We understand that I/we am liable for the balance remaining and will maintain current repayment arrangements until the debt is repaid in full.

Note: if this is a joint account - both parties must sign

Primary signature

Name _____

Date _____

Secondary signature

Name _____

Date _____

Signed for and on behalf of P&N Bank of Level 7, 130 Stirling Street, Perth WA 6000

Authorised officer signature

Name _____

Date _____

OFFICE USE ONLY

WIN/Lendfast number _____

Officer closing credit facility to check off following at time of closing:

- member has confirmed account type and current balance
 check for holds on the account (account cannot be closed for 15 calendar days to allow holds to clear)
 verbally confirmed with member that transfers and Direct Debits have been cancelled
 payout figure has been checked for day of closing and quoted to member
 annual fee for Credit Card waived prior to closure (if applicable)
 if date of account closing is different from date of this request, payout figure is checked and confirmed with member again at closing
 scanned to workflow/Lendfast

Closing officer signature _____ Date _____