

Unsecured Overdraft Facility 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

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

Primary Member number _____ Primary Account number _____

Primary Account name _____

Secondary Member number _____ Secondary Account number _____

Secondary Account name _____

OVERDRAFT ALTERATION REQUEST

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 \$ _____

AUTHORITY

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

X

Primary signature

Name _____

Date _____

X

Secondary signature

Name _____

Date _____

Signed for and on behalf of P&N Bank of Level 6, 556 Wellington Street, Perth WA 6000

X

Authorised officer signature

Name _____

Date _____

OFFICE USE ONLY

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

- ☐ ID sighted
- ☐ 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
- ☐ 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 Lendfast case

Closing officer signature _____

Date _____