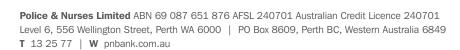
## **Unsecured Overdraft Facility Alteration Form**



Closing officer signature \_



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	
$\hfill \square$ cancel the above Line of Credit and withdraw my credit $\lim$	it of \$
reduce the limit on the above from \$	_to \$
AUTHORITY  I/We understand that I/we am liable for the balance remaining debt is repaid in full.  Note: if this is a joint account – both parties must sign	and will maintain current repayment arrangements until the
X	X
Primary signature	Secondary signature
Name	Name
Date	Date
Signed for and on behalf of P&N Bank of Level 6, 556 Wellingt	ion 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 cappet he closed for 15 calend	lar days to allow holds to clear)
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	