

Card Request/Alteration Form



Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701
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T 13 25 77 | W pnbank.com.au

MEMBER DETAILS

Member number _____

Card number (if applicable) X X X X X X X X or Account Number _____

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

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 (for cash withdrawals at ATM)

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

Credit Cards: Cash withdrawals are treated as cash advances with a fee for each transaction as well as higher rate of interest than purchases. Interest free period does not apply to cash advances. Please refer to the terms and conditions for more information.

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.

Signature

Signature

Name _____

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
- Fees and Charges
- Credit Card Conditions of Use
- Credit Card Account Access Conditions of Use