

Decrease Credit Card limit or cancel the card request

What are your personal details?

Title	<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Ms	<input type="checkbox"/> Miss	Other	<input type="text"/>	Member no.	<input type="text"/>	
First names	<input type="text"/>						Surname	<input type="text"/>	
Street no. & name									
Suburb	<input type="text"/>				State	<input type="text"/>		Postcode	<input type="text"/>
Postal address (if different from above)									
Suburb	<input type="text"/>				State	<input type="text"/>		Postcode	<input type="text"/>
Home phone	<input type="text"/>			Work phone	<input type="text"/>			Mobile phone	<input type="text"/>
Email								<input type="text"/>	

What do you wish to do?

Please complete **Section A** to decrease the credit limit on your Credit Card **OR Section B** to cancel your Credit Card.

Credit Card no.	<input type="text"/>
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Section A

I hereby apply to DECREASE my Credit Card limit

My current limit is \$

The new limit I require is \$

Section B

I hereby apply to CANCEL my Credit Card limit. I enclose all cards attached to this account (CUT IN TWO).

To assist us please tell us why you have cancelled your Credit Card.

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Please sign below in black pen only

Signature	<input type="text"/>	Date	<input type="text"/>
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NOTE: Where there is a joint credit limit, both accounts holders must sign.

Office use only	Member no	<input type="text"/>
	Operator no	<input type="text"/>
	Date actioned	<input type="text"/>
	Sig verified by	<input type="text"/>

Returning this form	
	Teachers Mutual Bank Limited, Reply Paid 7501 Silverwater NSW 2128
	(02) 9704 8246