

Overdraft Credit Facility Reduction or Cancellation of Limit



Member Details			
Member Number		Surname	
Given Name(s)			
Has your address or contact details changed recently?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete the Change of details form)			
Joint Account Holder / Power of Attorney Details			
Member Number		Surname	
Given Name(s)			
Has your address or contact details changed recently?			
<input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please complete the Change of details form)			
Loan Details			
Loan Number			
Product Type			
Reduction of Limit			
I request Police Credit Union to:			
<input type="checkbox"/> Reduce my Overdraft/Credit Facility Limit from:	\$	to:	\$
Cancellation of Limit			
I request Police Credit Union to:			
<input type="checkbox"/> Cancel my Overdraft/Credit Facility Limit from:	\$		

Member Signature		Member Signature	
Date		Date	

Office Use Only:			
Refer request to reduce credit limit to Retail Lending Department via email: lending-administration@policecu.com.au			
OP ID		Branch	
Date Actioned			
<input type="checkbox"/> Reduce Limit action taken <input type="checkbox"/> Even Loaded <input type="checkbox"/> Credit Limit action taken <input type="checkbox"/> Form forwarded to P&RM			