

Credit Card Facility Reduction or Cancellation of Limit

Member Details			
Member Number		Surname	
Given Name(s)			
Joint Account Holder / Power of Attorney Details			
Member Number		Surname	
Given Name(s)			
Reduction of Limit			
I request Police Credit Union to:			
<input type="checkbox"/> Reduce my Credit Card Facility Limit from (Minimum Limit of \$1,000 to be retained):	\$	to	\$
Cancellation of Limit			
I request Police Credit Union to:			
<input type="checkbox"/> Cancel my Credit Card Facility Limit of	\$		

Member Signature		Member Signature	
Date		Date	

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