

# Request to Update Daily EFT Limit

Please update my/our daily withdrawal limit for combined eftpos, ATM and Bank@Post withdrawals to \$  
 (Please note maximum limit is \$2,010.)

**Important information and conditions**

1. I/We acknowledge and accept that as a result of this update in the daily withdrawal limit, I/we will be liable for any loss of funds arising from any unauthorised EFT transaction using the eftpos Debit Card or Visa Card and PIN if the loss occurs before notification to Great Southern Bank or the eftpos Debit Card/Visa Card Hotline that the eftpos Debit Card or Visa Card has been misused, lost or stolen or the PIN has become known to someone else and if Great Southern Bank proves, on the balance of probabilities, that I or my Nominee contributed to the loss. (For further details please see Great Southern Bank's Terms & Conditions brochure.)
2. I/We acknowledge and accept that the daily limit will continue to be limited to the standard daily withdrawal limit if, due to technical faults, the eftpos terminal or ATM I/we are using is "offline" at the time.
3. I/We are aware the update in limit will take effect within 24 hours of the receipt of this form by Great Southern Bank Payments Division.
4. I/We have received a copy of Great Southern Bank's Terms & Conditions brochure or are aware of my/our right to obtain a copy.

I/We confirm that I/we have read and understand the important information and conditions above.

Name of account:

Customer number:

Account number:

Signature of account holder/s\*

Date

Signature of account holder/s\*

Date

**Please note:** \* Please note that in the case of a joint account, both customers must sign this form. However, either customer may operate the account.

This updated limit will apply to all cards linked to the account. If you do not wish this limit to apply to a particular card/s, please record the card number/s below.

**BRANCH USE ONLY**

Signature (1) verified: Yes No

Staff initial:

Signature (2) verified: Yes No

Staff initial:

**BRANCH STAMP**



**PAYMENTS DIVISION ONLY**

Signature(s) verified: Yes No

Staff initial:

Limit amended: Yes No

Staff initial:

Date: