

# Credit Limit Decrease Application

## 1 CARDHOLDER DETAILS

Credit Card Number

Customer Number

Primary Cardholders Name

Set New Limit *(must be whole dollar amounts - no cents)*

**Minimum Product Limits**

Low Rate - \$500

Platinum - \$5,000

Reason for Reduction

## 2 CREDIT CARD CLOSURE CONSENTS

### Important Notes

- The Credit Limit cannot be reduced below the current Account balance.
- You will not be able to increase your Credit Limit for three months after the decrease is processed.

**I authorise Great Southern Bank to decrease my Credit Limit.**

Signature

Date

*A physical signature is only required if lodging via post or dropping into branch. If you are lodging via Online Banking Secure Message, a signature is not required.*

Our [privacy policy](#) explains how we handle your personal information, and is available at [greatsouthernbank.com.au](http://greatsouthernbank.com.au) or by calling us on **1300 367 672**.

## Once you have completed this form:



**Send it:**  
via secure message  
in Online Banking



Drop it into a branch



**Mail completed form to:**  
Card Maintenance  
GPO BOX 100, Brisbane QLD 4001

## We're here to help

If you need assistance completing this form, call us on **133 282** or drop into your local branch.

**SECTION 1** Completed by staff member receiving form

**Form submitted:**

**Identity confirmed:**

Banking Support

I have verified the customer's identity

Branch

The member has verbally confirmed and consented to the above request (*contact centre only*)

Great Southern Bank contact centre

Secure Email in Online Banking

**Received by:**

Staff name:

ID:

Date processed:

**SECTION 2** Completed by staff member processing form

**Received by:**

Staff name:

ID:

Date processed:

**Checked by:**

Staff name:

ID:

Date processed: