

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 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 customer 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: