



Unsecured Credit Facility Alteration Form

Police & Nurses Credit Society Limited
ABN 69 087 651 876 AFSL 240701
PO Box 12847
Abeckett Street VIC 8006
Telephone 13 25 77
www.nurses1st.com.au



ATTN: The Manager
Nurses First

Dear Sir/Madam,

RE: EASYPAY VISA CARD OVERDRAFT

This form is not for use in closing a secured line of credit (equity or investor access)

Member Number _____ Account Number _____

Account Name _____

Card Number

With regards to the above facility would you please: (tick the following required)

- Cancel the above Line of Credit and withdraw my credit limit of \$ _____
- Reduce the limit on the above from \$ _____ to \$ _____
- Please destroy my attached VISA Credit Card
- I have already destroyed my VISA Credit Card
- I have cancelled or changed all recurring transfers or direct debits (gym memberships, internet or insurance payments)

I understand that I am liable for the balance remaining and will maintain current repayment arrangements until the debt is repaid in full.

Note: if this is a joint account - both parties must sign

Signature One

Signature Two

Date ____/____/____

Signed for and on behalf of Nurses First.

Authorised Officer Signature _____ Date ____/____/____

OFFICE USE ONLY

WIN/Lendfast Number _____

Officer closing credit facility to check off following at time of closing:

- Member has confirmed account type and current balance
- Check for holds on the account (account cannot be closed for 15 calendar days to allow holds to clear)
- Verbally confirmed with member that transfers and Direct Debits have been cancelled
- Payout figure has been checked for day of closing and quoted to member
- Annual fee for Easypay VISA Credit Card waived prior to closure (if applicable)
- If date of account closing is different from date of this request, payout figure is checked and confirmed with member again at closing
- Scanned to workflow/Lendfast

Closing Officer Signature _____ Date ____/____/____