

Request to decrease Teachers Credit Card limit or cancel the card

Member details

Title Mr Mrs Ms Miss Other First name Middle name Surname Date of birth / / Member no Teachers Credit Card no

Residential address (mandatory)

Unit/Floor/Street no Street Suburb/Town State Postcode Home phone Mobile phone Work phone

Please complete **Section A** to decrease the credit limit on your Teachers Credit Card or **Section B** to cancel your Teachers Credit Card.

Section A

I hereby apply to DECREASE my Teachers Credit Card limit (tick here)My current limit is \$ The new limit I require is \$

OR

Section B

I hereby apply to CANCEL my Teachers Credit Card (tick here)I enclose all cards attached to this account (*cut in two*).

To assist us please tell us why you have cancelled your Teachers Credit Card?

Refer to the Fees and charges brochure for details on fees and charges which may apply.

Signature Date

Please return this form

By mail to: Teachers Credit Union, Reply Paid 7501, Silverwater NSW 2128**By fax to:** (02) 9704 8246