Credit limit decrease or cancellation request				BankVic
Ho	w to lodge: bankvic.com.au	<b>1</b> 3 63 73	Reply Paid 90210, MELBOURNE VIC 8060 GPO Box 2074, MELBOURNE VIC 3001	Visit a branch
	Please cancel the Credit car	d/overdraft on account number	r	
	Please decrease the Credit of from \$	ard/overdraft limit on account	number	

Before proceeding with this application, we recommend that you read BankVic's Privacy Policy available at bankvic.com.au/privacy which sets out key information about why we're collecting your personal information, and how we use, disclose and secure it. If this account is an overdraft that is a joint account, operated as 'two to sign', both signatures will be required. If the account is

## operated as 'either to sign', and both parties are currently using the account, BankVic prefers both parties sign to indicate consent.

Joint Account Holder (if applicable)

Account Holder

## Member No Member No Title MsMiss Mrs Mr Title MsMiss Mrs $\mathbf{Mr}$ Dr Dr Other Other Surname Surname Given Name/s Given Name/s Residential Residential Address Address Postcode Suburb Postcode Suburb Account Holder's Signature: Joint Account Holder's Signature: Date Date