

1. Membership Details

My existing Member Number is

2. Personal Details

Title Mr Mrs Ms Miss Other (specify)

Surname Given Names

Residential Address

Suburb Postcode

Home Mob Email

3. Transfer Details (the Credit Card/Store Account that you wish to transfer from)

I authorise the Police Bank to transfer the following amounts to my Visa Credit Card from the account described below in accordance with the Terms and Conditions of this Balance Transfer Request.

Account Name Type of Account

Card/Account No.

\$ Amount to be transferred (\$ amount must be specified - min \$500)

Name of issuing organisation

BPay biller number of issuing organisation

BPay reference number of your card account

Balance Transfer Terms and Conditions

I acknowledge that:

- The Balance Transfer may take up to 7 days to process from the date the Bank receives my request.
- For new accounts, Balance Transfer requests will not be processed until I have activated my Visa Credit Card.
- I remain liable for any payments due under the account where my Balance Transfer has come from.
- Balance Transfers from other Bank accounts are not permitted and can only be made at the request of the primary cardholder of an Australian issued credit card account.
- Balance Transfers must be for at least \$500 and cannot take my S14 balance over 95% of the Credit limit.
- The Bank may refuse any Balance Transfer request.

Declaration - I accept the Balance Transfer Terms and Conditions.

Signature of primary cardholder Date

In order to close your other credit card account, please complete the following section which will be sent to your other institution.

Please Close My Account (Please tick)

Title Mr Mrs Ms Miss Other (specify)

Surname Given Names

The account number for the card to be closed

Name of financial institution/bank

I authorise you to close the above account. I have destroyed the above credit/charge card and any other card that has been issued in this account.

Date

Administrative Use Only

Branch Staff

Authority No. Date

Processed by Operator No.

Account Servicing Staff

Audit Date

Operator No.