

DECREASE/CANCEL REDICREDIT LIMIT REQUEST

Member no

First Account Holder

Title

Given Names

Surname

Postal Address

Postcode

Home Telephone no

Work Telephone no

Joint Account Holder (if applicable)

Title

Given Names

Surname

Postal Address (Write 'As Above' if same)

Postcode

Home Telephone no

Work Telephone no

I/We hereby apply to DECREASE or to CANCEL my/our RediCredit limit. (Please tick one box only.)

Current limit

\$

New limit required

\$

Refer to our Fees and Charges and Privacy Policy brochure or our internet site for details on our Privacy Policy.

Signature First Account Holder

Signature Joint Account Holder

Date

Date

Please return this form:

By mail to: Teachers Credit Union, PO Box 7501, Silverwater NSW 2128

By fax to: (02) 9704 8246