Credit limit decrease or cancellation request



How to lodge your application:

m.au

\bowtie	loans@bankvic.co
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Visit a branch

Pleas	e can	cel th	ne cre	dit ca	ard/ov	ver dr	aft or	n acco	ount	num	ber	(e.g 1	23450	5S1)						
Pleas	e dec	rease	the o	credit	card	/over	draft	on a	ccou	int n	umb	er (e.	g 1234	456S1)					
from	\$								to	\$										

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.

Account holder

Member no	
Title (If applicable)	Ms Miss Mrs Dr Other
Surname	
Given name/s	
Residential address	
Postcode	

Joint account holder (if applicable)

Member no	
Title (If applicable)	Ms Miss Mrs Mr Dr
(паррисаріе)	Other
Surname	
Given name/s	
Residential address	
Postcode	

Account holder's signature

Account holder's signature

Date

Joint account holder's signature (if applicable)



Joint account holder's signature

Date

Police Financial Services Limited ABN 33 087 651 661 trading as BankVic | AFSL and Australian Credit Licence 240293 T 13 63 73 bankvic.com.au 11 2024 TB-1236