



Please complete in black ink, using block letters, ensuring alterations are initialed by all cardholders

Heritage Member Details

Member number _____ L _____ Date _____

Full name of account _____

Application

I/we request that a **Limit Reduction** be processed on my/our **Visa**.

Reduce Limit to \$ _____

NB. The balance owing on your account must be below the requested limit, on the day Heritage is to process your request.

Your current Visa product will not be affected, unless:

a. Your new credit limit is less than the minimum limit for the product you currently hold:

Please contact Heritage on 13 14 22 for more information as you will be required to complete a Switch Request to a Visa product that allows a lower minimum limit. All applications are subject to approval by Heritage.

I/we understand that the following conditions apply to this limit reduction application:

- The processing of this application will reduce (to the amount requested) the limit on your Visa and the amount of credit left available to you
- Heritage will confirm with you in writing the amended credit limit
- Once the limit reduction has been processed by Heritage, you will not be able to increase your limit without making an application to do so
- If you do apply to increase your limit at a later date, Heritage will advise you if the application to increase your limit is approved or declined

The signatures of **both Cardholders** are required to process this application.

Party 1

Name: _____

Signature: _____

Party 2

Name: _____

Signature: _____

Returning this Application

By Facsimile to

Your local branch (____) _____
Branch to complete

Credit Department (07) 4694 9108

By Mail to

Heritage Bank
Credit Department
PO Box 190
Toowoomba Q 4350

Phone enquiries

Your local branch (____) _____
Branch to complete

Contact Centre 13 14 22
Credit Department (07) 4694 9160

Heritage Use Only

Signatures verified Processed Letter Issued

Processed by: _____

Processed date: _____