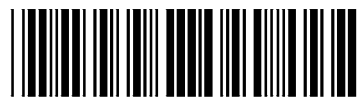


APPLICATION FOR LIMIT REDUCTION ON LINE OF CREDIT

(NO LONGER FOR SALE)

Heritage Bank



Account Details

Member number: _____ Existing L Account: _____ Date: _____

Full name of member/s: _____

Application

By signing this form, you:

- request that the limit on your line of credit and the amount of credit left available to you be reduced to the amount requested below
- you acknowledge that you will not be able to increase your limit at a later date
- agree to ensure that sufficient funds are deposited into your account to cover any outstanding cheques that may already be written, that are not yet presented

The signatures of **All Borrowers** are required to process this application.

Heritage will give you written confirmation of the amended line of credit limit once your request has been processed.

Name: _____ Name: _____

Signature: _____ Signature: _____

Name: _____ Name: _____

Signature: _____ Signature: _____

Application

I/we request that a **Limit Reduction** be processed on my/our **Line of Credit**.

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.

Returning this Application

By Mail to: Heritage Bank
Credit Operations
PO Box 190
Toowoomba QLD 4350

By Email to:
credit.maintenance@heritage.com.au

Phone enquiries: Your local branch (____) _____
Branch to complete
Contact Centre: 13 14 22
Credit Department: (07) 4694 9160

Staff Use Only

Signatures verified
Processed
Letter issued

Processed by: _____

Processed date: _____