

# Card Request/Alteration Form



bcu is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701  
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## MEMBER DETAILS

Member number \_\_\_\_\_  
Card number (if applicable)     X X X X X X X X      
Title \_\_\_\_\_ Surname \_\_\_\_\_ Given name/s \_\_\_\_\_  
Residential address \_\_\_\_\_ Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_  
Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

### NEW CARD REQUESTED

I request that bcu issue me with a:  VISA Credit Card  VISA Debit Card

### CARD COLLECTED

### PIN CHANGE

I request to reset my PIN, and understand the following:

Do not choose a PIN which represents your date of birth, phone number or recognisable parts of your name. Do not disclose your PIN to anyone (including family members and friends). Do not keep a record of your PIN written on your card, stored on a device, or together with items you may lose or have stolen at the same time as the card.

### LIMIT INCREASE

I request to increase my daily card limit, and understand the following:

By altering your card limit, you accept liability until your limit is reset to \$1,000.

\$2000  \$5000

## AUTHORITY

I hereby authorise bcu to process the requested changes, and agree to abide by the terms and conditions of use applying to the requested card.

Signature

Date \_\_\_\_\_

## OFFICE USE ONLY

ID number \_\_\_\_\_ ID expiry date \_\_\_\_\_

Staff Member \_\_\_\_\_ Date \_\_\_\_\_

Branch Manager (if required) \_\_\_\_\_ Date \_\_\_\_\_

Disclosure Documents provided:

- Visa Debit Card Terms and Conditions
- Schedule of Access Fees and Charges