

# CARD REQUEST/ALTERATION FORM



BCU Bank is a division of Police & Nurses Limited ABN 69 087 651 876 AFSL 240701 Australian Credit Licence 240701  
PO Box 1563, Coffs Harbour, NSW 2450 | T 1300 228 228 | W bcu.com.au

## MEMBER DETAILS

Member number \_\_\_\_\_

Card number (if applicable)     XXXX XXXX     or Account Number \_\_\_\_\_

Title \_\_\_\_\_ Surname \_\_\_\_\_ Given name/s \_\_\_\_\_

Residential address \_\_\_\_\_

Suburb \_\_\_\_\_ State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

☐ **NEW CARD REQUESTED**

I request that BCU Bank issue me with a: ☐ VISA Credit Card ☐ VISA Debit Card

☐ **CARD COLLECTED**

☐ **PIN CHANGE** (Branch Only)

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.

☐ **TEMPORARY LIMIT INCREASE**

I request to temporarily 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 Bank to process the requested changes, and agree to abide by the terms and conditions of use applying to the requested card.

X

Signature \_\_\_\_\_

Name \_\_\_\_\_

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