

I/We wish to **cancel** the line of credit:

Account number

I/we understand this request to cancel my/our current line of credit is subject to the Terms and Conditions of my/our existing continuing credit contract.

Name

Member no.

Signature

Date

Name

Member no.

Signature

Date

Fax or send this form to:

Community CPS Australia Ltd
Lending Administration department
44 Waymouth Street
Adelaide SA 5000

Facsimile: (08) 8410 0195

Administration section

Frontline to complete:

Cancellation/Reduction is a condition of a new Loan/Line of credit Yes No

Is the account to remain open? If no please ensure an account closure form is completed and sent to the Member Support Unit. Yes No

All borrowers signed & checked

Op ID

Lending Administration to complete:

Line of credit cancelled Request sent to MSU to close/change product Yes N/A

Date request received from frontline

Op ID