

Line of credit cancellation or reduction

Account number

I/We wish to cancel the line of credit
 reduce the line of credit from \$ to \$

Important Privacy Information

When you complete this form you will be giving us personal information. By signing it you acknowledge that you have received and had the opportunity to read our Privacy Statement, which contains important information about our management of personal information. For more information, see our Privacy Policy which is available on request or on our website.

By signing this document I/we understand that any further increase to, or reinstatement of, my line of credit will require a new application.

This request to cancel/change my/our current line of credit is subject to the Terms and Conditions of my/our existing continuing credit contract.

Borrower's full name	Member no.
Signature	Date / /
Borrower's full name	Member no.
Signature	Date / /

Fill out only if applicable

Guarantor's full name	Member no.
Signature	Date / /
Guarantor's full 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

PFC/Member Contact Centre Section

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

Confirm minimum line of credit complies with policy

All borrowers and guarantors signed & checked

Operator ID Date / /

Lending Administration Section

Line of credit cancelled Line of credit reduced

Request received from PFC/Member Contact Centre Date / /

Reduction letter produced and sent Date / /

Operator ID