

## ATM & eftpos Daily Transaction Limit Alteration

Date / / /	dd/mm/yyyy)	Member	Number		
referred Title Member Name					
Address					
City	,	State		Postcode	
Email/s					9
Home Phone/s		Mobile Phon	e/s	V (2)	
I/we apply to Orange Credit Union to alter the ATM & my/our membership and in consideration of Orange bound by the terms and conditions set out below.  WARNING: If a daily transaction limit is increased from	Credit Union agree	eing at its discretior	n to alter the daily	transaction limit	I/we agree to be
ACCOUNT TYPE	STANDARD DAILY LIMIT		LI	LIMIT REQUESTED PER DAY	
S		\$1,000			
Please tick as applies:  This change is to be permanent  This change is temporary for the period	d (insert dates):	9	t	0	
Please apply change to the following card	ls: (Please select or	ne option)	11		
☐ All cards on this account					
☐ Visa Debit card on this account Pleas	e enter last 4 digi	ts on the front of	the card		9
Redicard on this account Pleas	e enter last 4 digi	ts on the front of	the card		
I agree to the information provided above and Account & Access Facility Terms & Conditio		caution to protec	ct my account s	security as outl	ined in the
Signature	5	Date	<del>100 - 100 -</del>	, at	

Office Use Only on reverse

OFFICE USE ONLY
Op No. Date
Signature confirmed Yes No Date Resolved  Temporary change in Diary Memo noted Yes No
Additional comments
If the address has been amended, please complete section below:
Security questions asked and updated Yes No
Address amended: (P & R - edit `Address Details') Yes No
Other services notified (MyCard, QBE):
Linked member address updated?