

Bring this form into a branch or send this form to:  
Australian Military Bank  
PO Box H151, Australia Square NSW 1215

**MEMBER DETAILS**

Member Number

Account Name

Account Number

Joint Account?

 Yes No**REDUCTION OF LIMIT DETAILS**

Please reduce the limit on my Australian Military Bank Credit Card

From

 \$

To

 \$

Signature 1

Print Name

 Date / /

Signature 2

Print Name

 Date / /**OFFICE USE ONLY**

Action Date \_\_\_\_\_

Operator Number

Operator Signature and Print Full Name

 Date / /