



HERITAGE ISLE
CREDIT UNION LTD

ABN 32087651278 AFSL/ACL 246648

Request to Increase Daily Transaction Limit

Service: Internet Banking Visa Card

Date: _____ Member No: _____ Daytime Contact number: _____

Name of Applicant/s: _____

Account Name (if different from above): _____

Card Number (s): 44345200000 _____ 44345200000 _____

I/We hereby apply to have the daily transaction limit for Internet Banking/Visa Card increased for the above account/s to:
Amount Limit Increased to \$: _____

3 day Temporary increase Permanent

I/We have anti-virus software on my/our computer Details : _____

I/We understand that this increase in the transaction limit may increase my/our liability in the case of an unauthorized transactions

Signature of Applicant

Signature of Applicant

STAFF ONLY

Branch

Signature & Contact Details verified Checklist attached

Completed by: _____ Date: ____/____/____

Administration

MMS Approval _____ Acknowledge GMMO: _____

System Updated Date: ____/____/____

