

Request to Reduce/Cancel Credit Card Limit

Member Number

Member Name

Residential Address

Contact Information

Card Details

Card Number
(first and last digits only)

				x	x	x	x	x	x	x	x				
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Change Required

☐ I / We request Summerland Bank cancel my / our Credit Card Limit.

☐ I / We request Summerland Bank reduce my / our Credit Card Limit as follows:

Current Card Limit

New Card Limit

Member 1

Member 2

Staff Use Only:

- ☐ Signature(s) verified
- ☐ Limit cancelled / varied
- ☐ Confirmation letter sent
- ☐ AP Note created

Completed by

Date