

Commercial Card - Cardholder Maintenance Form

Complete this form each time you want to transfer a credit balance, transfer funds incorrectly credited to a card, transfer a card to another reporting level, change a cardholder address or reissue a card for a Corporate, Purchasing, Virtual Purchasing or Employee Benefits Card.

Organisation Name

Facility Number

Cardholder Name

Card Number

Section 1 - Transfer of Credit Balance

If a card has been cancelled and the card has a remaining credit balance, complete the details below to transfer the remaining balance to a nominated account.

Account Name

BSB

Account Number

Section 2 - Transfer Funds incorrectly Credited to a Card

If funds have been credited to a card in error, complete the details below to transfer the funds to a nominated card number or BSB and Account Number.

Date of Credit

Amount

Where are the funds to be transferred to?

16 Digit Card Number

Cardholder Name

OR

Account Name

BSB

Account Number

Section 3 - Transfer Card to Another Reporting Level

Please complete this section if you would like to transfer an existing card to a different reporting level within the facility.

New Reporting Level Name and or Number

Section 4 - Change of Cardholder Address (Only applicable for Employee Benefits Cards)

Please enter the new mailing address for the cardholder's statement to be sent to.

Mailing Address

Town/Suburb

State

Postcode

Section 5 – Reissue Card

Is the card being reissued due to a name change? Yes No

If 'YES' original documentation of the name change must be provided to a Westpac branch prior to requesting the reissue of the card.

Note: – If the card is being sent to the Company it will be sent to the nominated business address. (Only applicable for Corporate, Purchasing and Virtual Purchasing Cards)

– Employee Benefits Card can only be sent to a Westpac branch.

BSB/Branch Name or Company Address

Section 6 – Authorisation

This form must be signed in accordance with the current authorisation held by Westpac. Westpac will not act on these instructions unless the signatories are authorised to do so under the current authorisation held by the Bank. This form is to be signed by:

- **Company:** Two Directors or a Director and Company Secretary
- **Trust:** Trustee - if a Company (see above) or by an Individual Trustee
- **Association:** in accordance with Minutes of Meetings or other authority
- **Partnership:** Two Partners or other authority

OR

Authorised Signatory(ies)

To be signed in accordance with the instructions provided by the Organisation at establishment of the facility.

Signatory 1

Name

Position/Title

Signature

Date

Signatory 2

Name

Position/Title

Signature

Date

If this form is signed by Authorised Signatory(ies) please fax to (02)9374 7003 or email commercialcards@westpac.com.au
Alternatively please return the signed form to your Westpac representative

Westpac Use Only

Load to CCU

Westpac representative is to verify signatures and check that the form has been signed in terms of authority held if signed by Director/Secretary.

Westpac Representative Name

Signature

Phone

Salary Number

Date