

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 or reissue a card for a Commercial Card Product.

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 balance to a nominated account.) credit balance, co	mplete the details	below to transfer the remaining			
Account Name	BSB	A	Account Number			
Section 2 - Transfer Funds incorrectly Credited to	a Card.					
If funds have been credited to a card in error, complete the BSB and Account Number.	ne details below to	transfer the funds	to a nominated card number or			
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 Lo	evel.					
Please complete this section if you would like to transfer a	an existing card to	a different reporti	ing level within the facility.			
New Reporting Level Name and or Number						
Section 4 - Reissue Card.						
Is the card being reissued due to a name change? \Box Yes	s 🗆 No					
If ${\bf 'YES'}$ original documentation of the name change must of the card.	be provided to a V	Westpac branch p	rior to requesting the reissue			
Note: • If the card is being sent to the Company it will b	e sent to the nomi	nated business ad	ldress.			
BSB/Branch Name or Company Address						

Section 5 - Cancel Individual Cards.

List below the cards that you would like cancelled. Please provide a BSB and Account number for any remaining credit balance to be transferred to.

If there is a debit balance on the card a direct debit will be completed at the end of the statement cycle. Please cancel any existing standing authorities on the card(s).

Have all cards listed below been collected from the cardholder and destroyed? \square Yes \square No

If 'NO' please collect all cards listed below and destroy prior to sending this request.

Cardholder Name	Card Number	Account Name, BSB and Account Number for Credit Balance

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.		Signatory 2.		
Name		Name		
Position/Title		Position/Title		
Signature	Date / /	Signature	Date / /	
X		X	7 7	
If this form is signed by Authorised S Alternatively please return the signed Westpac Use Only (Load to CCI	d form to your Westpac re		om.au	
Westpac representative is to verify s by Director/Secretary.		the form has been signed in	terms of authority held if signed	
Westpac Representative Name		Signature		
		X		
Phone	Salary Number		Date	
			/ /	