

Commercial Card – Facility Maintenance Form

Complete this form to make amendments to a facility statement or settlement date, facility name or facility address on a Commercial Card Product.

Section 1 - Organisation Details
Organisation name
Facility number
Section section 2 - Amend Statement or Settlement Date
☐ Amend statement date ➤ Enter day of month between 2nd and 27th
Note: If you are reducing the existing statement date, the next statement period will be extended by an additional month. Example: If the last statement cycle closes on the 15th of August and the statement date is being changed to the 10th, the next statement cycle will close on the 10th of October.
Amend settlement date (Number of days after statement closing account to be debited. 1-15 days settlement)
Section 3 - Change of Facility Name
Original or a certified copy in of a Certificate Change of Name must be provided to a Westpac Representative prior to the change taking place New company name
Company name to appear on card (max characters 19)
Do you require all cards on the facility to be reissued with the new facility name?
Section 4 - Change of Facility or Reporting Level Address
Is the address change for the facility? \square Yes \square No
If 'NO' please provide Reporting Level number and name
Note: Changes made to the Reporting Level Address will affect all cards under the Reporting Level
Registered business address
Contact name
Address

Section 4 - Change of Facility or Reporting Level A	Address (d	continued)	
Town/Suburb	State		Postcode
Phone number			
()			
Mailing address			
Same as registered address			
Contact name			
Address			
Town/Suburb	State		Postcode
Phone number			
Section 5 - Authorisation			
This form must be signed in accordance with the current are instructions unless the signatories are authorised to do so use signed by:			
Company: Two Directors or a Director and Company Secretary	OR	Authorised Signatory	(ies)
 Trust: Trustee - if a Company (see above) or by an Individual Trustee 		_	dance with the instructions nisation at establishment
Association: in accordance with Minutes		of the facility	
of Meetings or other authorityPartnership: Two Partners or other authority			
Signatory 1		atory 2	
Name	Name	<u>e</u>	
Position/Title	Posit	ion/Title	
- OSIGOTY TITLE		TOTAL TIES	
Signature Date	Signature		Date
/ /			
X	X		
If this form is signed by Authorised Signatory(ies) please			

Alternatively please return the signed form to your Westpac representative

Westpac Use Only	Load to CCU
Westpac representative is to verify signatures and that the fo Director/Secretary.	orm has been signed in terms of authority held if signed by
CIS Key name change must be completed prior to requesting	g the change of the Organisation name on the facility.
Westpac representative name	Organisation CIS Key (Mandatory)
Contact	Signature
	×
Salary number	Date