

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 Corporate, Purchasing and Virtual Purchasing Card facility.

Section 1 – Organisation Details

Organisation name

Facility Number

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 (Select one option)

- 1 day 5 days 10 days

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)

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Do you require all cards on the facility to be reissued with the new facility name? Yes No

Section 4 – Change of Facility or Reporting Level Address

Please enter the new registered address or new mailing address.

Is the address change for the facility? Yes 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

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 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 that the form has been signed in terms of authority held if signed by Director/Secretary. CIS Key name change must be completed prior to requesting the change of the Organisation name on the facility.

Westpac Representative Name

Organisation CIS Key (Mandatory)

Contact

Signature

Salary Number

Date