

Card Maintenance Form

CUSTOMER DETAILS

Name: Telephone (work): ()

Address: (home): ()

Suburb: State: Postcode: (mobile): ()

Customer number:

Card number: Expiry date: / /

LOST/STOLEN CARD

Tick applicable box (✓) Card was:

Lost Signed

Stolen AND Unsigned Name of person reporting the loss/theft:

I confirm the above information is correct. If I file a police report regarding my lost/stolen card, I authorise you to provide the police any information they may require relating to me and my card related activities.

Should the lost/stolen card come into my possession I undertake to return it to Adelaide Bank immediately.

REPLACEMENT CARD

Is a replacement card required? Yes No

Tick applicable box (✓) The replacement card is required due to the following reason:

Damaged* Change of signature# Change of name# Incorrect embossing Lost*/Stolen Fraud

*I/We authorise a replacement card fee to be debited from my/our Adelaide Bank account. Please refer to your fees and charges information.

#Please note Account Alteration form (1550) must also be completed.

REPLACEMENT PIN

Is a replacement PIN required? Yes No

The replacement PIN will be forwarded to the customer address noted above.

LINK/UNLINK CARD

Please link/unlink the following accounts to/from my Adelaide Bank card:

Link account(s):

Unlink account(s):

ADD ADDITIONAL CARD

Additional cardholder name: Customer number:

Mother's maiden name:

Account holder

I/We authorise for the above person to be added as an operator to my/our Adelaide Bank account number:

I/We accept full responsibility for the additional cardholder's activity on the account in accordance with the terms and conditions.

Additional card holder

I, the additional card holder, am aged 18 years or over and have received a copy of the terms and conditions applicable to the account. I agree to be bound by these terms and conditions to the extent that they may apply to my operation of the account. I understand that details of credit and withdrawal limits, fees and charges are available from Adelaide Bank on request.

Additional cardholder signature: Date: / /

DELETE ADDITIONAL CARD

I/We authorise the deletion of the card in the name of: from my/our

Adelaide Bank account number:

I/We revoke the appointment of that person as an operator on the account.

Please note Account Alteration form (1550) must also be completed.

YOUR PERSONAL INFORMATION

We, Adelaide Bank, may disclose your personal information to organisations to whom we outsource functions, such as mailing and printing houses, and to account holders and operators on your account.

Access and queries

In most cases you can gain access to your personal information. Should you wish to do so, or if you have any queries about your personal information, please contact us. A fee may apply for this service.

CUSTOMER AUTHORISATION

I/We request and authorise Adelaide Bank to take the action described above.

I/We acknowledge receipt of a copy of the relevant terms and conditions or Product Guide booklet containing general information on joint and subsidiary cardholders and my/our liability in such situations.

CUSTOMER 1

Name:

Signature:

Date: / /

CUSTOMER 2

Name:

Signature:

Date: / /

Authorised by (account holder i.e. director(s) or proprietor):

Signature 1:

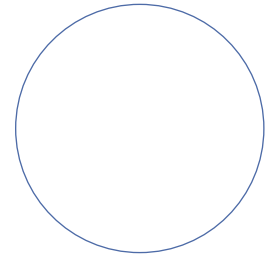
Position held:

Signature 2:

Position held:

Executed by/on behalf of the company.

SEAL: Authority to be executed under Seal if and as required by Articles of Association / Constitution.



[OFFICE USE ONLY]

Authorised signatures verified by:

Branch/Originator:

Date: / /

Please note: all account holders must sign above.

Fax completed form to (08) 8300 6898