



INCREASE TO DAILY LIMIT FOR PAYMENTS TO ACCOUNTS AT OTHER FINANCIAL INSTITUTIONS AND TO CUA ACCOUNTS OF WHICH I AM NOT AN OWNER OR SIGNATORY

I would like to apply to increase the maximum daily withdrawal limit that applies to the above payments made via

Web Banker from \$ to \$

until further notice (please tick) or until: / / (specified date)

MEMBERS DETAILS

Name: Membership Number:

For quicker processing please include photo id with your request.

Joint Accounts

Name: Membership Number:

Contact Phone Number:

Email:

Would you like to be notified when this limit has been implemented?: No Yes (please tick)

Conditions: (to be received and read before signing the increase request)

For joint accounts (where only one signature is required for withdrawals), either member may sign this form. However, the increased daily limit will only be available to the member who has signed this form. Therefore, all members who wish to be able to make payments at this increased limit via Web Banker must sign this form.

**For limits of \$25,000.00 and over which do not require an end date, each member is required to be set up for SMS or Email alerts and are also required to have an external web password loaded onto their membership. Both the above requirements can be actioned through CUA Direct.*

Please be advised the maximum daily web limit for a member is \$100,000.00. For limits greater than \$100,000.00 an end date must be provided and the available funds in the account.

Application to vary limit is subject to approval by Credit Union Australia. Approved limit variations will be available within two working days. We maintain the right to revert back to the default limit or remove access if required.

Increasing your transfer limit may also increase your liability for any unauthorised transactions.

I/We hereby confirm that the above information details are complete and correct. I/We have read and accept the above conditions of this request.

Signature:

Signature:

Date: / /

Date: / /

BRANCH USE ONLY

Signature verified:

No Yes

Staff I/D:

Date: / /

Branch:

PAYMENTS USE ONLY

Signature verified: (please tick)

No Yes

Increase completed: (please tick)

No Yes

Staff I/d:

Date: / /

PLEASE FAX REQUEST TO (02) 9391 8822