



Credit Card Consolidation Request



To combine your existing Commonwealth Bank credit card(s) to an existing Commonwealth Bank credit card, call us on **13 2221** to arrange over the phone, OR complete and return this form to your nearest branch.

Section 1

Principal cardholder

Title	Surname	Given name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Current address		
<input type="text"/>		
		State
		Postcode
Business phone number	Home phone number	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Section 2

Current account(s) to close

Existing Commonwealth Bank account(s) you wish to close. This/these account(s) will be closed when the transfer is completed and the new account has been activated.

Mastercard OR Visa card account number	<input type="text"/>
Mastercard OR Visa card account number	<input type="text"/>
Mastercard OR Visa card account number	<input type="text"/>

Section 3

Details of the account you wish to keep

Transfer the balance and limit of cards in section 2 to this specific Commonwealth Bank credit card:

Important information

1. If you have any direct payments on these accounts please ensure you notify merchants of changes.
2. Any outstanding balance and transactions not yet processed by the time your existing credit card is transferred to the new credit card account may be processed at the new interest rate.

Declarations

- I acknowledge that the Bank may decline my request if my existing account(s) is overlimit or in arrears.
- I confirm that I am employed or have another source of steady income.
- I confirm that I don't expect anything to change which will make it difficult for me to meet repayments.

Principal cardholder's authorisation

Date

Bank use only



- Only complete this form if CommSee is unavailable and assign Work Request Item when the system is back online.
- DO NOT send the form or the request will be duplicated.

Branch number	Branch name	Staff number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Before signing ensure that signature and address has been verified, and that the existing account(s) is/are not overlimit or in arrears.

Bank Officer signature

Date

- **Issue CommSee Request Work Item:** Select '**Request**' option from Customer Chevron. Select '**Credit Cards**' from category field. Select '**Consolidation**' from request type. Select '**Account Consolidation**' from Template.

Note: Specify the customer's credit card account which the balance and limit are being transferred to.