

DEBIT / Prepaid LIMIT CHANGE REQUEST FORM

DEBIT: PREPAID : INCREASE : DECREASE:

DATE :

CARD NUMBER :

NIC/PP NUMBER :

NAME :

PRIMARY ACCOUNT NUMBER :

NEW ATM LIMIT (LKR) : TEMP PERMANENT

If temp, Pls specify expiry date :

NEW POS LIMIT (LKR) : TEMP PERMANENT

If temp, Pls specify expiry date :

Reason for the Request :

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I do hereby authorize to change my ATM / POS limits on my Debit / Pre-paid card facility. I am also aware of the risk involved in maintaining a higher ATM/POS limit, other than the limits recommended by the bank. I also agree and authorize to debit the service fee of 100.00 LKR from above mentioned primary account.

Signature Date

Branch use only:
Customer Number:
Data verified by:
(Name & signature)

Notes:

CADC use only
Signature/ Data amended by:
Signature / amendment approved by:

Notes: