



TEMPORARY CORPORATE CARD LIMIT AMENDMENT REQUEST

PURPOSE OF THIS FORM

For the authorised officers of the below named facility to request the Catholic Development Fund (CDF) to arrange for an amendment to the limit of the CBA Corporate Card. This form also acts as authorisation to increase the Facility Limit if necessary.

INSTRUCTIONS FOR COMPLETION

- This form is used when an alteration to the limit of the Corporate Card is requested.
- The form must be completed in full before forwarding to the CDF.

SECTION 1 – CARDHOLDER INFORMATION

Please accept this as our authority to amend the limit for the following Credit Card:

Client Name:		Member No:
Facility Name:	Facility Number:	
Current Monthly Card Limit:	Increase to be approved under our existing Facility limit.	
New Monthly Card Limit:	Facility Limit to be increased.	
Transaction Limit:	Date Effective :	
Cash Access: Yes, able to withdraw cash. No, not able to withdraw cash.	Date to Revert:	
MCC Blocking* Code:		

SECTION 2 – CARDHOLDER INFORMATION AND ACKNOWLEDGEMENT

Full name of Cardholder:	Date of Birth:
Residential Address (PO Box not acceptable):	
Mobile Number:	Email Address:
I, the above listed cardholder acknowledge the following:	
- The CBA MasterCard provided to me is for work related expenses and is not available for my personal use. - I will be held personally liable for any transactions deemed non work related expenses by the facility holder. - The facility holder reserves the right to revoke and/or cancel my Corporate Card at any time. - The CBA Corporate Card Terms and Conditions must be adhered to at all times.	
Wet Ink Specimen Signature: X	Date:
	Office Use Only: Client Number:

SECTION 3 – AUTHORISATION

We, the below listed authorised officers, hereby authorise the Catholic Development Fund to amend the limit of the Corporate Card for the individual listed in Section 2 to be issued under the facility specified in Section 1. We further authorise for the below listed account to be deducted for any expenses incurred on the Corporate Card.

Account Name:	Account No:
Name Authorised Person 1	Name Authorised Person 2
* Digital signatures are not accepted. Form to be authorised with wet ink signatures.	
Wet Ink Signature of Authorised Person 1	Wet Ink Signature of Authorised Person 2
Date:	Date:

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