



Visa Debit Card Maintenance Advice

From the world's leading food and agribusiness bank

Rabobank Australia Limited
ABN 50 001 621 129 AFSL 234 700

Please contact your nearest branch
or call 1800 147 105

www.rabobank.com.au

The purpose of this form is to request new or replacement cards, change daily transaction limit and/or update contact details.

All lost or stolen cards must be phoned through to the Rabobank Client Services on 1800 025 484.

Complete and submit the form through either of these channels:

- Email: sydney.client.services@rabobank.com
- Mail: Reply Paid 4577, Rabobank Client Services, Sydney NSW 2001

For further assistance call the Rabobank Client Services on 1800 025 484 (6am – 8pm, Monday to Friday, Sydney time)

Section A Cardholder's Details

Cardholder's name

Card number

Personalisation/Business/Registered Trading Name* (if applicable)

Account number

* Must match Payee name on cheques for deposit to account

Request for (please tick)

Initial Card Issue	<input type="checkbox"/>	Form must be signed by the Cardholder and all account owners
Daily Transaction Limit	<input type="checkbox"/>	Permanent change of daily transaction limit (see Section B)
	<input type="checkbox"/>	Temporary change of daily transaction limit (see Section B)
Replacement Card	<input type="checkbox"/>	Re-issue (lost*)
	<input type="checkbox"/>	Re-issue (Stolen*)
	<input type="checkbox"/>	Re-issue (Damaged**)
	<input type="checkbox"/>	Re-issue (Faulty*)
	<input type="checkbox"/>	Early card renewal request*
Cancellation	<input type="checkbox"/>	Card cancellation
Postal Address	<input type="checkbox"/>	Update or confirm Postal Address
		Postal Address:
Mobile Phone	<input type="checkbox"/>	Update or confirm mobile phone number
		Mobile Phone number:
Email Address	<input type="checkbox"/>	Update or confirm email address
		Email Address:

* Your Card will be cancelled and a New Card, with a *New Card Number*, and PIN will be issued.

** A New Card will be issued, with the *Same Card Number*. Your existing Card is still able to be used until your replacement card is received.

Permanent/temporary change of limit will take effect within one business day of Rabobank receiving and accepting this form.

Replacement Card Fee applies for lost cards.

Section B Change of Daily Transaction Limit

Please change the daily transaction limit for the card identified in Section A to

Limits

Limit Type	Level Value 2	Level Value 9	Level Value 4	Level Value 3	Level Value 5	Level Value 1	Level Value 6	Level Value 7	Level Value 8
Code	RABOV2	RABOV3	RABOV5	RABOV0	RABOV6	RABOV1	RABOV7	RABOV8	RABOV9
Daily Card Limit	\$5,000	\$5,000	\$10,000	\$10,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000
Daily Cash Limit	\$0	\$5,000	\$0	\$1,000	\$0	\$5,000	\$5,000	\$5,000	\$5,000
Daily Purchase Limit	\$5,000	\$5,000	\$10,000	\$10,000	\$15,000	\$25,000	\$50,000	\$75,000	\$100,000

If temporary change of limit is selected in Section A, please specify when the limit is to expire:

Section C Authorisation

This authorisation is to be signed by all Account Owner(s) and the Cardholder EXCEPT in case of a Replacement Card which only requires the Cardholder to sign. I/We request that Rabobank Australia Limited (Rabobank) undertake the action or make the change selected by me/us in Section A and Section B (if relevant). I/We agree that:

- (a) Upon acceptance of our request, the action or change requested by this form prevails over any previous instruction or authority I/we have given Rabobank and amends the Conditions of Use relating to the card identified in Section A, to the extent that the action or change requested is inconsistent with our previous instruction or authority or the Conditions of Use; and
- (b) Where the action or change requested by this form is not inconsistent with the previous instruction or authority or the Conditions of Use, our previous instruction or authority and the Conditions of Use shall remain in full force and effect. In particular, apart from any change requested to the daily transaction limits in Section B, all my/our previous instructions and authority given in respect of the card identified in Section A shall remain in full force and effect.

Signed by the Cardholder

Signature of Cardholder (if not Account Holder)	Date	Name
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

Signed by the Account Owner(s)

Individuals

Signature of Account Owner	Date	Name
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

Signature of Account Owner	Date	Name
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

Signature of Account Owner	Date	Name
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

Companies

Signature of Director	Signature of Director/Secretary	Affix Company Seal here (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Director	Name of Director/Secretary	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>

Signature of Director	Signature of Director/Secretary	Affix Company Seal here (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name of Director	Name of Director/Secretary	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>