



Butterfield

CREDIT CARD CHANGE FORM

Card Services

Customer Information

Name of Applicant _____

Current Address or Change of Address

Mailing Address (if different) _____

Home Telephone No. _____ Work No. _____ Mobile No. _____ Email: _____

Employment

Name of Employer _____

Address of Employer _____

Telephone No. _____ Position Held _____

Credit Card Autopay

Each month we can automatically transfer the funds from your savings or chequing account and pay your credit card balance according to your pre-defined payment instructions.

Credit Card # _____

Credit Card # _____ Account #: _____
(Butterfield Bank current or savings account to be debited)

Credit Card # _____

Monthly payment options (please check one) Minimum payment Total Balance Other _____
(specify dollar amount)

Please note: After two (2) consecutive months of Non Sufficient Funds (NSF) auto payment will result in the cancellation of Auto Pay.

Credit Card Limit Increase

Current Income \$ _____

Additional income (investments, rental income, etc.) \$ _____

Requested Limit \$ _____ Account No. _____

Requested Limit \$ _____ Account No. _____

Requested Limit \$ _____ Account No. _____

I hereby apply for an increase in the credit limit of my card(s) and certify that the above information is true. I authorise you to take such steps as you may deem appropriate to verify such information.

Main Cardholder's Signature _____

Date _____

Joint Cardholder's Signature _____

Date _____

PLEASE FAX THE COMPLETED FORM TO: (441) 295 4604

BANK USE ONLY

Approved Declined

Officer's Signature _____

Date _____

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