

# Application for Credit Card Related Transactions

Reset

Subject to local regulations and Bank's Terms & Conditions governing various transactions & accounts as updated from time to time on Bank's website

Date: \_\_\_\_\_  
dd / mm / yyyy

My / Our Account Number

The Manager,  
United Bank Ltd.

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Branch: \_\_\_\_\_

Emirate: \_\_\_\_\_, UAE

Title: \_\_\_\_\_

Credit Card Title	Credit Card number

I would like to request for the transaction as marked below, any associated bank charges may be deducted from my above mentioned account. I understand that it is the sole discretion of the bank to approve or reject my request.

**Direct Debit Authority:** Debit my above mentioned account and settle my Credit Card outstanding amount, on Due date on a monthly basis, till further instructions from me.

5% of outstanding amount or minimum due  100% outstanding amount

**Cancellation of Direct Debit Instructions:** Kindly cancel my instructions given earlier to the bank for debiting my above mentioned account to periodically settle the full/partial outstanding amount against my above Credit Card.

**Limit Enhancement:** I would like to request for an enhancement of my existing credit card limit:

From AED \_\_\_\_\_ to AED \_\_\_\_\_

**Card Cancellation - Against Account Debit:** Attached is my above mentioned Credit Card which may kindly be cancelled after settling the entire outstanding amount against same by debit to my above mentioned account.

**Card Cancellation - Against Cash Settlement:** Attached is my above mentioned Credit Card which may kindly be cancelled. I have settled the entire outstanding against cash payment. Attached is a copy of the deposit slip.

Reason for cancellation: \_\_\_\_\_

Thank you.

		For Branch Use Only	
Account / Card Holders Signature	<input type="checkbox"/> Application received by <input type="checkbox"/> Original Card Received <input type="checkbox"/> Request sent to CAO	Receiver's Name & Signature	
Account / Card Holder's Name		Receiver's Name & Signature	

For CAO Use Only	
<input type="checkbox"/> Original Card received <input type="checkbox"/> Debit Authority set-up <input type="checkbox"/> New limit assigned AED _____ <input type="checkbox"/> Outstanding recovered AED _____ <input type="checkbox"/> Card Blocked <input type="checkbox"/> AFS System updated	          Inputter Name and Signature          Supervisor's Name and Signature