

Application for financial hardship assistance



About this Form

This form can be completed easily by clicking on the text fields. If you can't complete the form electronically, please print it and complete all sections in black or blue pen using CAPITAL LETTERS and [x] where appropriate. We may need to contact you for further information before we can assess your application.

Personal Details

First Name

Last Name

Middle Name/s

Phone Number

Home Address

Email Address

Occupation

Are you working at the moment?

Yes No

Are you receiving any government benefits?

Yes No

Product that requires hardship support:

Credit Card

Ready Credit

Provide the last four digits of your account number:

Reason for Hardship

What is your main reason for requiring hardship support?

Tell us more about your circumstances and why you are finding it difficult to make your payments.

Hardship Support Details

How long do you need hardship support?

Are you able to make any payments during the hardship support period? Yes No

(If you are suffering financial difficulty and would like to propose a payment arrangement, please fill out the below. Otherwise, please leave blank.)

Amount per payment Frequency Preferred Start Date

In lodging this application, you:

- Acknowledge that the credit card will be blocked from further use and direct debit payments from that card may not be processed for the duration of the financial hardship arrangement.
- Declare that all information provided in support of this application is true, correct, and complete.
- Consent to the use and collection of any sensitive information provided in support of this application.
- Acknowledge that Financial Hardship Information may be exchanged with credit reporting bodies.
For more information visit www.mycard.com.au/hardship

Customer's Name

Customer's Signature

Dated

Please return this completed form via email to customer.care@mycard.com.au
or post it to Customer Care, GPO BOX 4963WW, Melbourne VIC 3001, Australia