Butterfield

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www.butterfieldgroup.com

CREDIT CARD BALANCE PROTECTION PROGRAMME

Card Services

Date (dd/mm/yyyy) _____

Please indicate below, the card(s) from which you would like to have the Balance Protection Programme added or deleted:

To be added to Card(s) listed below ☐

To be deleted from Card(s) listed below ☐

Card Number(s)

MASTERCARD GOLD CARD AND BUTTERFIELD / AADVANTAGE® PLATINUM MASTERCARD PARTICIPATION IS COMPULSORY AT NO COST TO THE CARD-HOLDER.

Credit Card Balance Protection Programme will only be cancelled upon receipt of this letter, completed and signed by the Principal Cardholder.

Primary Cardholder (Print full name) Signature Date (dd/mm/yyyy)

Joint Cardholder (Print full name) Signature Date (dd/mm/yyyy)

PLEASE FAX THE COMPLETED FORM TO: (345) 815 7958