Due Date

Credit Limit



# ANZ PLATINUM

STATEMENT PERIOD: 22/07/22 to 21/08/22 ACCOUNT NUMBER: 4564-6990-2631-6397

Card Enquiries: 13 22 73 Lost/Stolen Cards: 1800 033 844

PAYMENT SUMMARY

Minimum Monthly Payment

\$265.00

\$6,000.00

15/09/22

Available Credit at \$105.00 Statement Date

MR SITARAM SUNKARA 19/51 BUCKLEY ST MOONEE PONDS VIC 3039

## YOUR ANZ ACCOUNT SUMMARY

Opening Balance	\$5,818.07
Purchases, Cash Advances & Other Debits	\$49.99
Interest Charges	\$1.94
Payments & Other Credits	\$25.00
Closing Balance	\$5,895.00

The warning below is an **Australian Government Requirement** and the information is provided as a **guide only.**Minimum Repayment Warning: If you make only the minimum payment each month, you will pay more interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...

Only the minimum payment

You will pay off the Closing Balance shown on this statement in about...

You will pay off the Closing Balance shown on this statement in about...

And you will end up paying an estimated total of interest charges of...

\$18.36

Having trouble making repayments? If you are having difficulty making credit card repayments, please contact us on 1800 252 845. We may be able to assist you.

#### YOUR PAYMENT OPTIONS



#### **ANZ Internet Banking**

www.anz.com

Payments made after 10pm (EST) will be processed the next business day.



## **BPAY Payments - Biller Code 6007**

BPAY payments from ANZ accounts made after 6pm (EST) will be processed the next business day. Check with your institution for cut-off times. Your bill reference number is your ANZ account number.



### **ANZ Phone Banking**

13 22 73

Payments made after 10pm (EST) will be processed the next business day.



## By Mail

Tear off this slip and mail to GPO BOX 607, Melbourne, VIC, 3001



#### **CardPay Direct**

To ask about setting up a convenient direct debit payment please call 13 22 73

Account Number	4564-6990-2631-6397
Account Name	MR SITARAM SUNKARA
Date Paid	
<b>Amount Paid</b>	\$