

# Accounts & Access Options



<b>Surname</b>		<b>Member Number</b>	
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<b>Given Name(s)</b>	
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## 1) Account/Access Selection – I want the following account(s) and access option(s):

Transaction Accounts	Savings Accounts	Access options	Mortgage Offset Accounts
<input type="checkbox"/> Redi Access Account (S1) <input type="checkbox"/> Budget Account (S7) <input type="checkbox"/> Master Club (S3) <input type="checkbox"/> MyLimit Pre-paid (S29) <input type="checkbox"/> Other _____ <input type="checkbox"/> Other _____	<input type="checkbox"/> Christmas Club (S2) <input type="checkbox"/> Bean Savings (S4) <input type="checkbox"/> Focus Saver (S5) <input type="checkbox"/> iSavings (S12) <input type="checkbox"/> Super MyWay (S65) <input type="checkbox"/> Other _____ <input type="checkbox"/> Term Deposit (I)	<input type="checkbox"/> Visa Debit Card Link to A/c _____ <input type="checkbox"/> Cheque Book Link to A/c _____ <input type="checkbox"/> MyLimit Pre-Paid Visa Debit Card - Linked to S29	<input type="checkbox"/> Mortgage Offset (S14) Link to _____ <input type="checkbox"/> Better Offset (S37) Link to <input type="checkbox"/> L91 <input type="checkbox"/> L92 <input type="checkbox"/> L94 <input type="checkbox"/> L95 <<Sweep excess funds>\$20,000 to _____>>

## 2) Joint Account/Convert Single to Joint – I want my following account(s) to be joint:

Account(s) (E.g. S1)	Account(s) requiring at least 2 to sign
Joint with Member Number	Joint Member Surname

## 3) Teleservice Code – This validates who you are when you speak to one of our friendly staff over the phone:

Please nominate a 4 digit code							<input type="checkbox"/> I want Teleservice access to an account with 2 or more to sign	Please note teleservice access is limited where an account requires at least two to sign
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## 4) IVY Phone Banking – I want to be able to access my account(s) via IVY the 24 hour automated phone banking service:

Please nominate a 4 digit code <small>You will be required to change this when you first access IVY</small>							<input type="checkbox"/> I want access to all my accounts	Please note this service is not available on accounts which require at least two or more to sign
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## 5) Internet/Mobile Banking – I want to be able to access my account(s) online:

Please nominate a **temporary password**, it must contain 5-8 characters with a combination of letters and at least 2 numbers. When you first log in to Internet Banking you will be required to change this password.

Example: SPIKE87								
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<input type="checkbox"/> I would like to view all my account details and only transact within my own accounts
<input type="checkbox"/> I would like to be able to transfer funds to other Financial Institutions and therefore must subscribe to <b>SMS One Time Password</b>
<input type="checkbox"/> I do not wish to receive paper based statements, but wish to access these online, and agree to check them regularly

## 6) Term Deposit – I want this Fixed Term Deposit:

Amount	Months	Rate	<input type="checkbox"/> Interest to be paid on Maturity/Annually
Regular Interest Payment Options		<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly	<input type="checkbox"/> Tax File Number/Exemption Provided
Interest Instructions	<input type="checkbox"/> Compound <input type="checkbox"/> Internal Transfer to Member Number/Acc.	<input type="checkbox"/> Transfer to another Financial Institution	
Details	BSB	Account	Name
Reference	Shortly before your investment matures we will contact you to discuss your maturity options		

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**8) Additional Products & Services - I would like more information on:**

Loans	<input type="checkbox"/> Home Loan	<input type="checkbox"/> Personal Loan	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Line of Credit	<input type="checkbox"/> Overdraft	<input type="checkbox"/> Investment/Business Loans
Insurances	<input type="checkbox"/> Car	<input type="checkbox"/> Home & Contents	<input type="checkbox"/> Travel	<input type="checkbox"/> Landlord	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Caravan <input type="checkbox"/> Boat
Financial Planning	<input type="checkbox"/> Superannuation	<input type="checkbox"/> Retirement Planning	<input type="checkbox"/> Shares	<input type="checkbox"/> Estate Planning		
Needs	<input type="checkbox"/> Life Insurance	<input type="checkbox"/> Income Insurance	<input type="checkbox"/> Wealth Creation & Investment Advice			
Foreign Currency Needs	<input type="checkbox"/> Foreign Currency	<input type="checkbox"/> Cash Passport	<input type="checkbox"/> Bank Draft	<input type="checkbox"/> Telegraphic Transfer Outward/Inward		
Conveyancing Needs	<input type="checkbox"/> Settlements	<input type="checkbox"/> Mortgages	<input type="checkbox"/> Land Divisions	<input type="checkbox"/> Contracts	<input type="checkbox"/> Business Settlements	

**9) Signatory Conditions:**

I agree to be bound by the Terms & Conditions of the products requested, and now supplied to me, and acknowledge that my signature on this application form signifies acceptance of these Terms & Conditions.

**IMPORTANT:** If at any time you suspect someone else has gained access to your Internet Banking code, immediately call us on 1300 131 844 during business hours or on 1300 247 489 after hours. Any delay in notification may increase your liability in the case of unauthorised transactions.

Visa Card holders must be over 18 years of age and a signatory to the membership. Prepaid Visa is available for any card holder over 14 years. Visa Declaration: I/We request to be issued with a Visa and PIN to enable me/us to access my account through ATMs and other Electronic and Non Electronic remote access devices and outlets accepting Visa. I/We agree to be bound by the Conditions of Use now supplied to me/us and acknowledge my/our signature on this application form signifies acceptance of these Conditions of Use. If Conditions of Use have not been provided, please ask a staff member before signing this document. I/We authorise the Credit Union to verify any information supplied by me/us in conjunction with this application. \*Approval conditions apply.

<b>Member Signature</b> <i>Account Owner</i>			
Member Number		Date	
<b>Member Signature</b> <i>Joint Account Owner or Authority to Operate</i>			
Member Number		Date	
<b>Member Signature</b> <i>Additional Joint Account Owner or Authority to Operate</i>			
Member Number		Date	