

Application for Telephone Banking Service

Date:/...../.....

Member Number:.....

Name(s):.....

Address:.....

Phone Number(s): home..... Business Mobile:.....

E-mail address:.....

I/We hereby apply for the Telephone Banking Enquiry Service to be established on my/our membership.

I/We acknowledge that no fee applies to this service at this time but I/We understand that the Credit Union may charge a fee providing notification is given prior to the change.

I/We may apply in writing to have the facility cancelled at any time.

I/We understand the Service of this facility and have had any questions regarding its operation answered by the Credit Union Staff.

I/We acknowledge that BPAY payments are permissible on telephone banking and that this access will continue until the Telephone Banking facility is cancelled.

I/We accept the attached BPAY Terms and Conditions.

Members Signature

Members Signature

Date:...../...../.....

Date:...../...../.....

Office Use Only

- ☐ Issued Member our Financial Services Guide.
Issued Member our Product Disclosure Statement:
Part 1 - Product & Services Summary
Part 2 - Terms & Conditions
Part 3 - Schedule of Fees & Charges
Part 4 - Schedule of Interest Rates.

Please indicate method of distribution:

<input type="checkbox"/> Person	<input type="checkbox"/> Mail	<input type="checkbox"/> Electronic
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<input type="checkbox"/> Person	<input type="checkbox"/> Mail	<input type="checkbox"/> Electronic

IVR13 Password & A/C Access: Letter Sent:Date:

Credit Union Officer.....