

Member Number

Account Title

Applicant 1 (Primary)

Member Number

Title

Surname

First name

Middle Name

Card Details

Redicard Visa Debit Card

Order Card For:
Name

Name

Member Status

Single Joint Non-Individual

Date

 / /

Applicant 2 (Secondary/Authorised Signatory)

Member Number

Title

Surname

First name

Middle Name

Collection

Post Collect

Branch for Collection

Credit Overdraft Facility

If you wish to apply for a Credit Overdraft Facility, you must complete a separate Overdraft application.

Declarations

1. Application

- 1.1 I/we declare that all the information provided in this application is true, correct and not misleading.
1.2 I/we acknowledge that the Credit Union will rely on this information and may terminate the membership if it is not true, correct or is misleading.

2. Privacy

- 2.1 I/we have received and read the Privacy Guideline booklet: available at www.pcu.com.au/www.customscu.com.au
2.2 I/we agree that the Credit Union may send me/us marketing material on the Credit Union and third party products from time to time.
2.3 I/we understand that we may instruct the Credit Union not to send any marketing material to us at any time by calling 131 PCU (131 728).

3. Authority to Operate

- 3.1 I/we acknowledge that any account holder may authorise transactions on the Credit Union account to which the Redicard or Visa Debit Card will be linked.
3.2 I/we acknowledge that I/we are responsible for all transactions made using the Redicard/Visa Debit Card by any authorised cardholder.

4. Product Information

- 4.1 I/we agree to receive the Financial Services Guide (FSG) for this product via the Credit Union website or in brochure form.
4.2 I/we understand that I/we should read the FSG before taking up any product and that I can download the FSG to my personal computer.
4.3 I/we agree to be bound by the FSG and its terms and conditions and related conditions of use.
4.4 I/we authorise the Credit Union to send one copy of all notices and documents to joint members including account statements and variation notices.
4.5 I/we agree to obtain written confirmation of the opening or closing of any product by calling 131 PCU (131 728).
4.6 I/we acknowledge that the Credit Union may set-off any debt I/we may owe the Credit Union against the credit balance of our account(s).

5. Parental/Guardian Consent and Indemnity (Children 12-16 years)

- 5.1 I acknowledge that my child may access their account via Redicard.
5.2 I acknowledge that I remain liable for all debts incurred on the account by my child.

Member Signature

(1) Date / /

(2) Date / /

Parental/Guardian Consent (If Applicable)

Signature

Print Name

Date

 / /

Have you provided us with your Tax File Number? If you have not then we will deduct withholding tax from any interest earned by you.

Office use only

MSO Use Only - forward form to Account Access Services

Operator number

Date

 / /

Transaction Services Use Only

Audited By

Date

 / /