



### PERSONAL MEMBER APPLICATION

#### General Details (Primary)

Member Number \_\_\_\_\_ Account Type  Single  Joint  Minor

Title  Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_

Surname(s) \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Address (if different from Residential) \_\_\_\_\_

Contact Details Home \_\_\_\_\_ Mobile \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Drivers Licence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Would you like to receive the Credit Union annual report via: email  Post

Please indicate if you do not wish to receive marketing material from the Credit Union and its partners

#### General Details (Secondary)

Member Number \_\_\_\_\_ Account Type  Single  Joint  Minor

Title  Mr  Mrs  Miss  Ms  Other (please specify) \_\_\_\_\_

Surname(s) \_\_\_\_\_ Given Name(s) \_\_\_\_\_

Residential Address \_\_\_\_\_

Postal Address (if different from Residential) \_\_\_\_\_

Contact Details Home \_\_\_\_\_ Mobile \_\_\_\_\_ Business \_\_\_\_\_

Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Drivers Licence \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_

Email \_\_\_\_\_

Would you like to receive the Credit Union annual report via: email  Post

Please indicate if you do not wish to receive marketing material from the Credit Union and its partners



**Authority Options**

- Any one to sign
- Any two to sign
- All signatories co-jointly
- Other \_\_\_\_\_

**Tax File Numbers**

Please select one of the following:

- I do not want withholding tax deducted from my account(s), and I will advise Tax File Numbers for all parties
- I do not want withholding tax deducted from my account(s), all parties and / I will advise my Exemption number
- I want withholding tax deducted from my account(s)

**Declarations**

1. The member(s) designated on this application for membership form has / have authorised the Credit Union to permit any of them to:

- Operate the account(s)
- Deposit and/or Invest money in the account(s) for any term
- Negotiate any cheques in the member(s) name
- Draw and sign any cheques
- Give instructions as to disposal if interest
- Give authorities for periodical payments and direct debits
- Withdraw and/or transfer all or any moneys standing to the credit of the account
- Obtain statements of the account(s) and any information concerning the account generally
- To give a third party authority to operate the account

2. The person(s) authorised to operate the account(s) as designated on this application for membership form shall indemnify the Credit Union for any liability arising out of the account(s) and, where more than one the indemnity shall be joint or several

3. Under a joint membership the Credit Union is authorised to pay any moneys standing to the credit of the account(s) to the survivor(s) of the member.

4. The receipt of the surviving member(s) under a joint membership shall be sufficient discharge to the Credit Union for any moneys standing to the credit of the account(s).

5. Under a joint membership this authority remains in effect until directions to the contrary are given to the Credit Union by all surviving members and supersedes any existing authority

6. Government taxes may apply to accounts and will be debited monthly.

7. Fees and Charges apply and are detailed in the membership application.

8. I/we apply for membership of Bankstown City Credit Union Ltd and request one member share of \$10.00 be allotted to me/us.

9. I/we understand that upon becoming a member, I/we are bound by the Constitution of the Credit Union.

10. I/we have read and understand that terms and conditions that apply to this application contained therein and the Terms & Conditions brochure provided with the application.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

**Office Use Only**

- TFN form completed
- Exemption completed
- Sufficient Identification
- Member share paid
- Terms & Conditions brochure provided
- Fees & Charges brochure provided
- Options to receive annual report in computer

How did they hear about us?

- CU Newsletter
- Sponsorship
- Signage
- Newspaper
- Advertising
- Yellow/Pink Pages
- Referral from a:

- Member or Friend
- Employer
- Other

Staff Member \_\_\_\_\_

Date \_\_\_\_\_

