



TERM INVESTMENT ALTERATION FORM (UPON MATURITY)

Member Details

Member Number _____ Account Number _____

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 _____

Investment Details

Due Date _____

Investment Rate _____ % pa Please note this interest rate is indicative. The actual rate to apply, will be as per the Credit Union's Interest Rate Schedule effective on that date or as otherwise agreed by the Credit Union.

Investment Term _____

Current Investment \$ _____

Cheque (Attached) \$ _____

Cash \$ _____

Transfer from Account \$ _____ From Account _____

Transfer from Investment \$ _____ From Account _____

Transfer Additional Funds \$ _____ From Account _____

TOTAL Investment \$ _____

Interest Options	6 Months	12 Months	24 Months	Interest Payment Details
On Maturity			N/A	Credit Account Number _____
Monthly				Credit Account Number _____
Annually	N/A	N/A		Credit Account Number _____
Other	Special Term Offers Only	Special Term Offers Only	Special Term Offers Only	

Additional Instructions

Signature _____ Date _____

Signature _____ Date _____

Office Use Only

Account Number _____ Date _____

Staff Member _____

