



Telephone Banking Password Authority

Name/s: \_\_\_\_\_

Account number/s: \_\_\_\_\_

PLEASE TICK BOX IF YOU AGREE:

- I/We choose to register for MCU Telephone Banking.
I/We understand that this service is subject to the content of the Product Disclosure Statement (PDS) and the PDS Terms & Conditions.
I/We have read, understood and accepted the PDS Terms and Conditions and PDS.
I/We authorise MCU to use my nominated Telephone Banking Password on the above account to verify my identity.
I/We have provided my/our Telephone Banking Password to the Member Services Officer. (Your telephone banking password may be numerical, alphabetical or a combination of both numerical and alphabetical. Maximum of 12 characters please.)

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Print name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

Office use only: [ ] password nominated [ ] all parties signed
[ ] password entered in computer [ ] written copy of password destroyed
Staff initials: \_\_\_\_\_ Date: \_\_/\_\_/\_\_

\*\*PLEASE WRITE YOUR PASSWORD HERE: \_\_\_\_\_

\*\*AND YOUR FIRST PRIMARY SCHOOL ATTENDED: \_\_\_\_\_

(Once this information has been entered into our system this portion will be destroyed to ensure your privacy).