



Maleny & District Community Credit Union Limited

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Visa Debit Card APPLICATION FORM

Joint Accounts require separate form for each joint member

Membership No: _____ Date of Birth: _____

Member Name: _____

Residential Address: _____

Postal Address (if different from above): _____

Email: _____

Phone: (h) _____ (w) _____ (m) _____

I hereby apply for a VISA Debit Card and Personal Identification Number (PIN) to be issued to me to enable access to my account for authorised VISA merchants and electronic banking terminals such as Automatic Teller Machines (ATM) and Point of Sale Terminals (EFTPOS).

Name to appear on Card

Name to appear on second line of Card (if required – ie business name or continuation of above)

I wish my VISA Debit Card to be linked to my **S** Account
If not completed, the Card will default to the lowest S account on the membership

OPTIONAL If you wish to have the chq/sav/cr options attached to various "S" accounts within your membership contact one of our member service staff

Member Signature _____

Date _____

Maximum of 2 cards per joint membership, \$10 per card thereafter

Request for Additional Card (Fee Applies)

(Additional Card Holder must be an authorised signatory to the account)

I wish to apply for an additional VISA Debit Card to operate on my account for the person whose name and signature appears below. I confirm this person is over the age of 18 years. In accordance with Section 18N of the Privacy Act 1988, I authorise this person to seek access from Maleny Credit Union to any information concerning any of my accounts which may be operated by use of the additional VISA Debit Card. I agree to indemnify Maleny Credit Union against any loss, damage or penalty which it may incur arising out of the operating of authority. I declare that Maleny Credit Union may act upon this authority until it has received my written instructions to the contrary.

Members Signature _____

Additional Card Holders Name (as to appear on the Card) to be added to my **S** account

Signature of Additional Card Holder _____

Staff only checklist:

- | | | |
|---|---|--|
| <input type="checkbox"/> Name matches system | <input type="checkbox"/> DOB matches system | <input type="checkbox"/> Ph # + address matches system |
| <input type="checkbox"/> Signature verified | <input type="checkbox"/> S type account | <input type="checkbox"/> Joint YES / NO <input type="checkbox"/> Not 2 to sign |
| <input type="checkbox"/> VO <input type="checkbox"/> V1 <input type="checkbox"/> V2 | <input type="checkbox"/> Staff sig: _____ | <input type="checkbox"/> Checked by: _____ |
| <input type="checkbox"/> 3 rd party sig verify | Date: _____ | Date: _____ |