



APPLICATION, REPLACEMENT OR ALTERATION FOR MEMBER DEBIT CARD

PRIME MEMBER DETAILS

Membership No:

Surname (Mr/Mrs/Miss/Ms):

Given Names:

D.O.B: / /

Home Address:

Postcode:

Phone (H)

(W)

JOINT MEMBER DETAILS (if account is in joint names)

Surname (Mr/Mrs/Miss/Ms):

Given Names:

D.O.B: / /

Home Address:

Postcode:

Phone (H)

(W)

(a) Please nominate on which account CUECARD is to operate, eg. S01

(b) Please nominate your 'fallback' account number (where insufficient funds in

(a) above, eg S02

Hunter United Credit Union Ltd is the product issuer and principal.

For security reasons your CUECARD and PIN will be posted to your home address indicated above.

NOTE:

1. I/We hereby apply for the issue of a Debit Card(s) ('CUECARD') and Personal Identification Number(s) ('PIN') to enable me/us to access my/our nominated account(s) with the Credit Union at authorised electronic banking terminals such as Sale Terminals (EFTPOS) and Automatic Teller Machines (ATM's).
2. I/We confirm that I/we have read and understood the relevant Product Guide including the fees and charges brochure.
3. I/We agree to abide by the Conditions of Use and acknowledge that my/our signature(s) on this application form signifies my/our acceptance of their conditions of use.
4. I/We request the Credit Union to deliver my/our CUECARD(s) and Personal Identification Number(s) by separate mail to my home address as above.
5. Upon receipt of my/our CUECARD(s) and PIN(s) I/we will complete and return to the Credit Union my/our Acknowledgement Advice enabling activation of the card(s).

SUPPLEMENTARY CARDHOLDER DETAILS

6. I/We (the member(s)) hereby request that the Credit Union issue a supplementary card to the person below and acknowledge that the issue of this card will enable this person to operate on my/our account by using the card.

7. I, the supplementary card holder, by signing this application acknowledge and accept all the terms and conditions contained in clauses 1 to 6.

Surname (Mr/Mrs/Miss/Ms): _____

Given Names: _____

D.O.B: / /

Home Address: _____

_____ Postcode: _____

Phone (H) _____

(W) _____

PARENTAL CONSENT (where applicable)

I, _____ hereby consent to and request the issue of a CUECARD to _____ a child under the age of 15 years.

Signature: _____ (parent/guardian)

NAME REQUIRED BY CARDHOLDER(S) TO APPEAR ON CARD

	Office Use Only (Card no.)
1. _____	_____
2. _____	_____
3. _____	_____

NOTE: If card(s) are not received within 21 days of this request, you must notify the Credit Union. It is a requirement under the Cash Transactions Report Act, 1988, that all signatories to an account must produce sufficient documentation to enable their identity to be fully verified. Identification forms must accompany this Application Form for any signatories that have not previously had their identity verified. These forms are available from all Hunter United Employees' Credit Union Service branches.

Member's Signature: _____ Date: _____

Joint Member's Signature: _____ Date: _____

Supplementary Cardholder's Signature: _____ Date: _____

Approved: _____ Date: _____

Office Use

Fee and Charges Brochure issued Product Guide Issued Cuecard(s) ordered