



SAVINGS ACCOUNT APPLICATION FORM

Date: _____

Membership No: _____

Membership Account Name: _____

Address: _____

Postcode: _____

I/We wish to open the following accounts and confirm that I/we have received, read and understood the relevant Product Guide including the Interest Rate and Fees and Charges brochures.

On Call Savings: S

XLR8: S

Deeming (VIP): S

Cash Management: S

e-ZYNET DIRECT: S

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

Signature 1: _____

Print Name: _____

Signature 2: _____

Print Name: _____

Signature 3: _____

Print Name: _____

OFFICE USE ONLY - Accounts established / Product Guide Issued / Signature(s) confirmed /
Interest Rate and Fees and Charges brochures issued

Signature of Staff Member: _____

Name of Staff Member: _____

Date: ____ / ____ / ____