

# Savings Account Application



ABN 35 008 337 684 AFSL 236856

Ground Floor, 33 Alfred St  
Sydney NSW 2000

## First Member

Member number

Member name

## Second Member

Member number

Member name

I / We wish to apply for  
(please select one):

Rediaccess Account

Special Saver Account

Investment Account

For withdrawals, I / we require  
(please select one):

only 1 person to sign.

both to sign (phone, internet banking, and visa facilities not available)

Facilities required  
(please select):

Visa Debit Card

Phone Banking

Internet Banking

In the case of a joint account, we understand that any sum standing to our credit in the Credit Union at any time shall be owned jointly by us, with the right of survivorship, and payment to any of us, or the survivors, in accordance with the authority given in this document, shall be valid and discharge the Credit Union from any liability for such payment. This authority shall not be changed or terminated except by written notice to the Credit Union signed by one of us, and any such notice shall not affect transactions made to that time. Any details in the terms and conditions for a particular account override this general information.

Member 1	<i>Signature</i> <input type="text"/>	<i>Date</i> / /
Member 2	<i>Signature</i> <input type="text"/>	<i>Date</i> / /

Credit Union Staff will complete this section

Completed by

Date / /

Account number