



# Joint Savings Account Application

Account number

**Member One** membership number

Title  Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

First Name

Middle Name

Surname

Date of birth  /  /

Male  Female

Other names by which you are commonly known

**Residential Address** (mandatory)

State  Postcode

**Mailing Address**  same as residential

State  Postcode

**Contact Details**

Home

Work

Mobile

Email

Drivers Licence No.

Mother's Maiden Name

Password

**Tax File Number**

I understand that I do not have to give you my tax file number but if I do not, tax may be taken out of interest my deposits earn. Please use this TFN for this account with you.

**Annual Financial Report**

Every year the Credit Union produces reports that contain information about its financial position and performance, how efficiently it is being managed, and any financial risks it may face. The Credit Union is not required to send you copies of these reports unless you elect to receive them. You can change your choice at any time by notifying the Credit Union in writing.

I elect to receive a printed annual financial report about Macarthur Credit Union  Yes  No

**Member Two** membership number

Title  Mr  Mrs  Ms  Miss  Other \_\_\_\_\_

First Name

Middle Name

Surname

Date of birth  /  /

Male  Female

Other names by which you are commonly known

**Residential Address** (mandatory)

State  Postcode

**Mailing Address**  same as residential

State  Postcode

**Contact Details**

Home

Work

Mobile

Email

Drivers Licence No.

Mother's Maiden Name

Password

**Tax File Number**

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I elect to receive a printed annual financial report about Macarthur Credit Union  Yes  No

## Account type/s

To help you budget or save for something special, you can open a number of savings accounts.

**Account type/s:**  S1  S2  S3  S4  S5  S6  S7  S8  S9  S15 Pensioner Deeming Account

## Access facilities

### Phone Banking

You are automatically registered for Phone Banking when you become a member. An access code will be issued to you when you join. Phone Banking provides access to balances, transfers, BPAY and many other general enquiries about your Credit Union.

Yes, I would like access via

- Online Banking** Online Banking provides 24 hours a day, 7 days a week access to your account balances, transactions, transfers, BPAY, general account enquiries and much more. Please send me a temporary access code.
- Redicard** Access your money at any ATM or EFTPOS outlet in Australia.  Member One  Member Two  
OR
- Visa Debit Card** Access your money in Australia and overseas 24 hours, 7 days a week.  Member One  Member Two

## Product & Service Information

### I am interested in learning more about the following products & services

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Everyday Savings Account  | <input type="checkbox"/> Variable Rate Home Loan | <input type="checkbox"/> Insurance          |
| <input type="checkbox"/> Pensioner Deeming Account | <input type="checkbox"/> Fixed Rate Home Loan    | <input type="checkbox"/> Financial Planning |
| <input type="checkbox"/> Term Deposits             | <input type="checkbox"/> Personal Loan           | <input type="checkbox"/> Accessing money    |
|  | <input type="checkbox"/> Car Loan                |   |

### How did you hear about us?

- |  |                                    |  |
|--|------------------------------------|--|
| <input type="checkbox"/> Family/Friend     | <input type="checkbox"/> Radio     | <input type="checkbox"/> Letterbox flyer |
| <input type="checkbox"/> Internet search   | <input type="checkbox"/> Cinema    | <input type="checkbox"/> Brochure/Poster |
| <input type="checkbox"/> Passing Branch    | <input type="checkbox"/> Bus side  | <input type="checkbox"/> Cannex          |
| <input type="checkbox"/> Member newsletter | <input type="checkbox"/> Newspaper | <input type="checkbox"/> Other _____     |

## Declaration

### The account signing authority will be as follows

- Anyone to sign  Both to sign

In the case of a joint savings account, we understand that any sum outstanding to our credit in the Credit Union at any time shall be owned jointly by us, with right of survivorship, and payment of 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 any one of us, and 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.

### I acknowledge receipt of the following documents

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Products and Services Conditions of Use | <input type="checkbox"/> Financial Services Guide | <input type="checkbox"/> Privacy Statement |
| <input type="checkbox"/> Schedule of Fees and Charges            | <input type="checkbox"/> Interest Rate Schedule   |  |

### Member One

Signature

Print Name

Date

### Member Two

Signature

Print Name

Date



**macarthur**  
credit union

**CAMDEN** 52 Argyle Street Ph 4640 9999  
**PICTON** 2/102 Argyle Street Ph 4677 1852  
**NARELLAN** 1/8-10 Somerset Avenue Ph 4634 7222  
**TAHMOOR** 125 Remembrance Drive Ph 4683 1999

Macarthur Credit Union Ltd ABN 83 087 650 244 AFSLN 239933  
MCU068 04/09