

Visa Debit Card Application

Membership Number	<input type="text"/>	Savings Account No:	<input type="text"/>
Member Name	<input type="text"/>		
Residential Address	<input type="text"/>		
Daytime contact number	<input type="text"/>		
Email Address	<input type="text"/>		
I am an Australian Citizen	<small>Please circle correct response</small> <input type="checkbox"/> Yes / <input type="checkbox"/> No	(If no) I hold a Permanent Resident status	<small>Please circle correct response</small> <input type="checkbox"/> Yes / <input type="checkbox"/> No

Employment & Deposits Information

Employer	<input type="text"/>	Length of Service	<input type="text"/>
Permanent	<input type="checkbox"/>	Part-time	<input type="checkbox"/>
Casual	<input type="checkbox"/>	Retired	<input type="checkbox"/>
Not Employed	<input type="checkbox"/>		
My Access Account receives:	<input type="checkbox"/> Whole of net pay	<input type="checkbox"/> Payroll Deduction	<input type="checkbox"/> Regular NAB deposits

Name & address of a relative or personal reference not residing with you

Name	<input type="text"/>		
Residential Address	<input type="text"/>		
Daytime contact number	<input type="text"/>	Relationship to you	<input type="text"/>

Card Requirements – I Hereby Apply For:

- | | |
|--|--------------------------------------|
| (A) A Visa debit card and Personal Identification Number (PIN) to be issued to me to enable access to my account at authorised electronic banking terminals such as Automatic Teller Machines (ATMs) and Point of Sale Terminals (EFTPOS). | Tick
(A) <input type="checkbox"/> |
| (B) And / or additional Visa debit card and PIN for | (B) <input type="checkbox"/> |

Name of additional cardholder

Additional Cardholders

Please note: An additional cardholder must be the second named member on the account, OR have the authority to operate and must be 18 years of age or over. Authorised signatories must produce sufficient documentation to be identified under the AML & CTF Act 2006

Declaration

I acknowledge that the additional card, when signed by the person to whom it is issued, shall be subject to the Conditions of Use of Visa Card and may be used on my account(s) as though it were my Visa Card and its use will bind me accordingly
I understand that this application does not establish a credit limit and that a separate application is necessary for this purpose.
On receipt of the card and PIN, I will activate the card by completing the acknowledgement advice enabling activation of the Visa debit card.

Signature – Prime Cardholder	<input type="text"/>	Date	<input type="text"/>
Signature – Additional Cardholder (if applicable)	<input type="text"/>	Date	<input type="text"/>

Office use only

Received by	<input type="text"/>	Signature verified	<input type="checkbox"/>	Date	<input type="text"/>	Approved	<input type="text"/>
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Confidentiality – We will treat all your personal data with strict confidentiality in accordance with our Privacy Policy.
For a copy of the policy please contact our Privacy Officer at privacy@intechcu.com.au
Intech Credit Union Limited ABN 70 087 650 191 AFSL 236779