

# ACCOUNT/ACCESS FACILITY APPLICATION



This is a personal account.  This is a business account in the name of:

## ACCOUNT AND ACCESS FACILITY SELECTION

Please select new accounts and access facilities requirements from the table below. Please note any selections made below will override prior arrangements. Only select options you wish to add or change. If you would like to open multiple account types, a separate form will need to be completed.

	<input type="checkbox"/> New account to be established <input type="checkbox"/> Access facilities applied to existing account number:	<input type="checkbox"/> New account to be established <input type="checkbox"/> Access facilities applied to existing account number:	<input type="checkbox"/> New account to be established <input type="checkbox"/> Access facilities applied to existing account number:	<input type="checkbox"/> New account to be established <input type="checkbox"/> Access facilities applied to existing account number:	<input type="checkbox"/> New account to be established <input type="checkbox"/> Access facilities applied to existing account number:
Account type	Day to Day/ Business Account (circle)	FREEstyle Student Account	Christmas Club Account	Senior Saver Acct/ Savings Inv Acct (circle)	Money Management Account
rediCARD	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Link sub-accts— advise of details	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Link sub-accts— advise of details	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Link sub-accts— advise of details	N/A
Visa debit	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Cheque book	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A	<input type="checkbox"/> Yes <input type="checkbox"/> No	N/A
Phone banking	<input type="checkbox"/> Yes <input type="checkbox"/> No				
Statements	<input type="checkbox"/> Monthly <b>OR</b> <input type="checkbox"/> Six-monthly & <input type="checkbox"/> Paper <b>OR</b> <input type="checkbox"/> eStatement				

## ACCOUNT OWNERS AND SIGNATORIES

	First name	Last name	Member number	Internet/mobile banking access
Account owner 1				<input type="checkbox"/> All acct types or acct no. <input type="text"/> <input type="checkbox"/> Full access <input type="checkbox"/> View only <input type="checkbox"/> No access
Account owner 2				<input type="checkbox"/> All acct types or acct no. <input type="text"/> <input type="checkbox"/> Full access <input type="checkbox"/> View only <input type="checkbox"/> No access
Account owner 3				<input type="checkbox"/> All acct types or acct no. <input type="text"/> <input type="checkbox"/> Full access <input type="checkbox"/> View only <input type="checkbox"/> No access

In addition to the account owners specified above, I/we would like the following people to operate the account/authorise access facilities. Signatories who are not Members will need to complete the 'Application to become a Signatory' form.

Signatory	First name	Last name	Member No.	X	Internet/mobile banking access
Signatory 1				X	<input type="checkbox"/> All acct types or acct no. <input type="text"/> <input type="checkbox"/> Full access <input type="checkbox"/> View only <input type="checkbox"/> No access
Signatory 2				X	<input type="checkbox"/> All acct types or acct no. <input type="text"/> <input type="checkbox"/> Full access <input type="checkbox"/> View only <input type="checkbox"/> No access
Signatory 3				X	<input type="checkbox"/> All acct types or acct no. <input type="text"/> <input type="checkbox"/> Full access <input type="checkbox"/> View only <input type="checkbox"/> No access

## OPERATION OF ACCOUNTS AND TFN

To operate nominated accounts, we require:  Anyone to sign  All parties to sign  Other \_\_\_\_\_

I/we have previously advised of our Tax File Number/Exemption/ABN and wish to apply it to this/these accounts **OR**

I/we do not want to quote a TFN/Exemption **OR**  I/we want to have withholding tax deducted from this account.

## DECLARATION AND SIGNATURES

I/we hereby apply for the above accounts and access facilities and agree to be bound by the associated terms and conditions as specified in the Operation of Accounts and Access Facilities booklet and other terms and conditions relating to these products. If applying for eLink Internet/mobile banking access, I/we understand I/we will be issued with a temporary Access Code which I/we will change to a code of my/our choice within 24 hours of receiving the code.

Account owner 1	X	Date / /
Account owner 2	X	Date / /
Account owner 3	X	Date / /

### OFFICE USE ONLY

rediCARD linked account instructions:

<input type="checkbox"/> Disclosure docs issued	<input type="checkbox"/> Cards(s) ordered
<input type="checkbox"/> Cheque sig card completed and book(s) ordered	
<input type="checkbox"/> Temporary eLink Access Code issued	Op No. <input type="text"/>