



Visa Debit Card Application

Member's Full Name

Address

Telephone: (Home) (Mobile)

Member's Date of Birth

Membership No.

Account wishing to access: (\$1, \$2 ,S9 etc)

Please cancel my existing redicard YES / NO

(I understand that if I have a redicard and a visa debit card I will be charged two \$10 annual fees).

I hereby apply for a Visa Debit Card and Personal Identification Number (PIN) to be issued to me to enable me to access my accounts at authorised electronic banking terminals such as Automated Teller Machines (ATMs) and Point of Sale Terminals (EFTPOS).

I agree to abide by the Account & Access Facility Conditions of Use and acknowledge that my signature on this application form signifies my acceptance of these Conditions of Use.

Signature

Credit Union Office Use Only:

Signature Verified By:

Card No: 4524 8000 00 _ _ _ _ _

Date Ordered: Staff Initial

Card Activated

Date: / / Staff Initial

Redicard Cancelled Y / N

Date: / / Staff Initial