



CARD ACTIVATION FORM

Your card will not work until you acknowledge receipt of both your PIN (received with this advice) and your card by completing all the details below and returning this form to the Credit Union (via email, fax or in person).

Card Details

Card Number 584002 155

Member Details

Member Number _____ Account Number _____

Title Mr Mrs Miss Ms Other (please specify) _____

Surname(s) _____ Given Name(s) _____

Residential Address _____

Postal Address (if different from Residential) _____

Contact Details Home _____ Mobile _____ Business _____

Email _____

Signature _____ Date _____

Office Use Only

Received Date _____ Staff Member _____

Card activated Date _____ Staff Member _____

