

**COMPANY / INCORPORATED / CLUB OR SOCIETY / FORMAL TRUST
MEMBER APPLICATION**

General Details

Member Number _____ Account Type _____
(Company/Incorporated/Club or Society/Informal Trust)

Account Name _____

ACN or ABN _____

Trading Address _____

Postal Address (if different from Trading) _____

Contact Details Telephone 1) _____ 2) _____

Email _____

Would you like to receive the Credit Union annual report via: email Post

Please indicate if you do not wish to receive marketing material from the Credit Union and its partners

Contact 1 (Director, Trustee etc)

Title Mr Mrs Miss Ms Other (please specify) _____

Surname(s) _____ Given Name(s) _____

Residential Address _____

Contact Details Home _____ Mobile _____ Business _____

Email _____

Date of Birth _____ Drivers Licence _____

Authority Until further notice / date specified _____ (Delete not applicable)

Contact 2 (Director, Trustee etc)

Title Mr Mrs Miss Ms Other (please specify) _____

Surname(s) _____ Given Name(s) _____

Residential Address _____

Contact Details Home _____ Mobile _____ Business _____

Email _____

Date of Birth _____ Drivers Licence _____

Authority Until further notice / date specified _____ (Delete not applicable)

Contact 3 (Director, Trustee etc)

Title Mr Mrs Miss Ms Other (please specify) _____

Surname(s) _____ Given Name(s) _____

Residential Address _____

Contact Details Home _____ Mobile _____ Business _____

Email _____

Date of Birth _____ Drivers Licence _____

Authority Until further notice / date specified _____ (Delete not applicable)



Authority Options

- Any one to sign
- Any two to sign
- All signatories co-jointly
- Other _____

Tax File Numbers

Please select one of the following:

- I do not want withholding tax deducted from my account(s), and I will advise Tax File Numbers or ABN for all parties
- I do not want withholding tax deducted from my account(s), all parties and / I will advise my Exemption number
- I want withholding tax deducted from my account(s)

Declarations

1. The member(s) designated on this application for membership form has/have authorised the Credit Union to permit any of them to:

- Operate the account(s)
- Deposit and/or Invest money in the account(s) for any term
- Negotiate any cheques in the member(s) name
- Draw and sign any cheques
- Give instructions as to disposal if interest
- Give authorities for periodical payments and direct debits
- Withdraw and/or transfer all or any moneys standing to the credit of the account
- Obtain statements of the account(s) and any information concerning the account generally
- To give a third party authority to operate the account

- 2. Any signatory/director/trustee who is not a member of the Credit Union will have to complete an Application to become a signatory form.
- 3. The person(s) authorised to operate the account(s) as designated on this application for membership form shall indemnify the Credit Union for any liability arising out of the account(s) and, where more than one shall be joint or several.
- 4. On behalf of the entity applying for membership of Bankstown City Credit Union Ltd, I/We request one member share of \$10.00 be allotted to that entity.
- 5. On behalf of the entity applying for membership of Bankstown City Credit Union Ltd, I/We understand that upon becoming a member, that entity is bound by the Constitution of the Credit Union.
- 6. On behalf of the entity applying for membership of Bankstown City Credit Union Ltd, I/We have read, and now understand the terms and conditions that apply to this application contained therein and the Terms & Conditions brochure provided with this application.

Signature _____

Date _____

Signature _____

Date _____

Signature _____

Date _____

Office Use Only

- TFN form completed
- Exemption completed
- Sufficient Identification
- Member share paid
- Terms & Conditions brochure provided
- Fees & Charges brochure provided
- Options to receive annual report in computer

How did they hear about us?

- CU Newsletter
- Sponsorship
- Signage
- Newspaper
- Advertising
- Yellow/Pink Pages
- Referral from a:

- Member or Friend
- Employer
- Other

Staff Member _____

Date _____

