



ESAVER ACCOUNT APPLICATION

Please fax this completed form to (07) 3221 5576 or visit your local branch to open an account.

PLEASE NOTE: This form should be used by existing members only. New members will need to complete a Membership Application.

MEMBER DETAILS *(Please print)*

MEMBER 1 Membership Number: <input type="text"/>	MEMBER 2 Membership Number: <input type="text"/>
Surname: <input type="text"/>	Surname: <input type="text"/>
Given Names: <input type="text"/>	Given Names: <input type="text"/>
Address: <input type="text"/>	Address: <input type="text"/>
<input type="text"/> Postcode: <input type="text"/>	<input type="text"/> Postcode: <input type="text"/>
Occupation: <input type="text"/>	Occupation: <input type="text"/>
Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>	Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
Telephone/Mobile: <input type="text"/>	Telephone/Mobile: <input type="text"/>
E-mail: <input type="text"/>	E-mail: <input type="text"/>
Tax File Number: <input type="text"/> / <input type="text"/> / <input type="text"/> (if not already supplied)	Tax File number: <input type="text"/> / <input type="text"/> / <input type="text"/> (If not already supplied)

PLEASE NOTE: It is not compulsory to quote a Tax File Number but tax may be deducted from your interest if you do not quote your TFN or claim an exemption. If being supplied, joint accounts require each TFN. Refer to the General Information, Terms & Conditions brochure for further information.

AUTHORISATION

I/We agree to abide by the Terms and Conditions of Credit Union Australia eSaver account.

I/We acknowledge that unless I/we advise the credit union otherwise in writing, only one signature will be required to operate any joint account.
 (Please note: Joint account holders should refer to the "About Joint Accounts" section in the *General Information, Terms & Conditions brochure*.)

Signature: Date: / /

Signature: Date: / /

PLEASE NOTE: In the case of a joint account, both members must sign this form. If you choose to supply your Tax File Number, each account owner must supply it to prevent tax being deducted.

OFFICE USE ONLY

SECTION 1 BRANCH CHECKLIST		INITIALS
Accounts opened		<input type="text"/>
General Information, Terms & Conditions brochure given to member(s)		<input type="text"/>
Schedule of Fees given to member(s)		<input type="text"/>
Confirmation letter printed and given to member(s)		<input type="text"/>
Account numbers entered on form	YES <input type="checkbox"/> NO <input type="checkbox"/>	
Payroll Deduction form required	YES <input type="checkbox"/> NO <input type="checkbox"/>	
If YES, is it completed	YES <input type="checkbox"/> NO <input type="checkbox"/>	

SECTION 2 MEMBERSHIP DEPARTMENT CHECKLIST	INITIALS
Savings Accounts opened	<input type="text"/>
Account Number	<input type="text"/>

SECTION 3 PERIODICAL PAYMENT CHECKLIST	INITIALS
Transfers loaded	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>
Checked by	<input type="text"/>
Date	<input type="text"/> / <input type="text"/> / <input type="text"/>