

# Redicard Application

Member No & A/c Type: (eg 12345 S1) \_\_\_\_\_ Client No: \_\_\_\_\_

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_ Title: \_\_\_\_\_

Postal Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone No: (H) \_\_\_\_\_ (M) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Member No & A/c Type: (eg 12345 S1) \_\_\_\_\_ Client No: \_\_\_\_\_

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Postal Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

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Postal Address: \_\_\_\_\_ P/Code: \_\_\_\_\_

Phone No: (H) \_\_\_\_\_ (M) \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

## Declaration:

1. I/We hereby apply for a Redicard and Personal Identification Number (PIN) to be issued to me/us to enable us to access the nominated account at an EFT terminal. (such as an automated teller machine, a point of sale terminal, Bank@Post terminal and any other such electronic terminal) whether the transaction is carried out electronically or by sales voucher, or by quoting the Redicard number.
2. I/We agree to be bound by the Conditions of Use and acknowledge that my/our signature on this application form signifies acceptance of these Conditions of Use. Conditions of Use are provided in the brochure Accounts and Access Facilities and fees and charges are advised in the brochure Fees and Charges and Transaction Limits
3. I/We acknowledge that the Credit Union reserves the right to refuse this application at its absolute discretion.
4. The issuance of the Redicard and PIN shall constitute acceptance of this application.
5. I/We understand that the Credit Union will deliver my PIN and Redicard by mail. Once received I will return the Redicard Activation Advice which is contained in the envelope with the PIN to FCCS Credit Union to activate the Redicard.
6. I/We acknowledge receipt of the following brochures:  
Privacy Notice dated \_\_\_/\_\_\_/\_\_\_  
Fees & Charges & Transaction Limits current as at \_\_\_/\_\_\_/\_\_\_  
Current Brochures issued \_\_\_/\_\_\_/\_\_\_  
A/c & Access Fac. current as at \_\_\_/\_\_\_/\_\_\_  
Interest Rates current as at \_\_\_/\_\_\_/\_\_\_

Client 1 Signature      Date                      Client 2 Signature      Date                      Client 3 Signature      Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_      \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\* Note : In cases of joint account - separate cards are required.

**Office Use Only:** Application Accepted by \_\_\_\_\_ Operator No: \_\_\_\_\_ F0616 - Mar 16