

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: ___/___/___

Link Redicard to: Savings 2 A/c Type S ____ Loans 1 A/c Type L ____

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

Surname: _____ Given Name: _____ Title: _____

Postal Address: _____ P/Code: _____

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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: ___/___/___

Link Redicard to: Savings 2 A/c Type S ____ Loans 1 A/c Type L ____

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 ___/___/___

Accounts & Access Facilities current as at ___/___/___

Fees & Charges & Transaction Limits 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 - Jan14

1300 361 555 | www.fccs.com.au | Est. 1974

Ford Co-operative Credit Society Ltd | ABN 74 087 651 456

AFSL/Australian Credit Licence No. 244351

