

Personal Deposit Account



People's Choice Credit Union,
 a trading name of Australian Central Credit Union Ltd
 ABN 11 087 651 125, acts under its own
 Australian Financial Services Licence (AFSL 244310)
 and Australian Credit Licence (ACL 244310)
 T 13 11 82 peopleschoicecu.com.au

Office use only
 Account Number: _____

Transaction & Savings Accounts

<input type="checkbox"/> Activate Account	<input type="checkbox"/> Everyday Account	<input type="checkbox"/> Zip Account ~	<input type="checkbox"/> Club 55
<input type="checkbox"/> Bonus Saver	<input type="checkbox"/> Young Saver	<input type="checkbox"/> Expenses Account	<input type="checkbox"/> Online Saver
<input type="checkbox"/> Christmas Savings	<input type="checkbox"/> Offset – Attach to loan account number: _____		

Primary Account Owner (1) (All account owners must be members of People's Choice Credit Union)

Member Number: _____

Title:	First Name/s:	Last Name:
Email Address: _____		

Facilities

<input type="checkbox"/> Internet Banking *	<input type="checkbox"/> Phone Banking *	<input type="checkbox"/> SMS Banking *	<input type="checkbox"/> eStatements ~
<input type="checkbox"/> Visa Debit card (refer below)	<input type="checkbox"/> Cheque facility ^	<input type="checkbox"/> Overdraft facility (application required)	
<input type="checkbox"/> Zip Visa Debit card	<input type="checkbox"/> PayTag	<input type="checkbox"/> Brown Wallet Card	<input type="checkbox"/> Red Wallet card

* Internet Banking and Phone Banking facilities include BPAY ^ Cheque facility is only available on Everyday Account, Club 55, Expenses Account and Offset
 ~ eStatements mandatory on Zip Accounts

Joint Account Owner (2) (All account owners must be members of People's Choice Credit Union)

Member Number: _____

Title:	First Name/s:	Last Name:
Email Address: _____		

Facilities

<input type="checkbox"/> Internet Banking *	<input type="checkbox"/> Phone Banking *	<input type="checkbox"/> SMS Banking *	<input type="checkbox"/> eStatements ~
<input type="checkbox"/> Visa Debit card (refer below)	<input type="checkbox"/> Cheque facility ^	<input type="checkbox"/> Overdraft facility (application required)	
<input type="checkbox"/> Zip Visa Debit card	<input type="checkbox"/> PayTag	<input type="checkbox"/> Brown Wallet Card	<input type="checkbox"/> Red Wallet card

* Internet Banking and Phone Banking facilities include BPAY ^ Cheque facility is only available on Everyday Account, Club 55, Expenses Account and Offset
 ~ eStatements mandatory on Zip Accounts

Account Signing Authority Instructions

Number of signatures required: Only ONE to sign At least ____ to sign All to sign

Please complete – If not completed you may be taxed on any interest received.

Tax File Information: This information will be destroyed once loaded onto the system.

Primary Account Holder (1)

Tax File Number or Exemption Number

Joint Account Holder (2)

Tax File Number or Exemption Number

Declaration

I/We understand that it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to make a false and misleading statement. I/We declare that the details as shown on this form are complete and accurate.

I/We have received the Accounts & Access Facilities Terms & Conditions document, Fees & Charges document and Savings & Investments Interest Rates and agree to be bound by them.

I/We understand that the collection of my/our Tax File Numbers is authorised, and their use and disclosure are strictly regulated by Tax Laws and the Privacy Act. I/We understand that quotation is not compulsory, but tax may be taken out of my/our interest if I/we do not quote my/our Tax File Number or claim an Exemption.

I/We have received the Privacy Policy from People's Choice Credit Union. I/We consent to the collection, use, handling, and disclosure of my/our personal information as set out in the Privacy Policy. I/We understand the Privacy Policy may change from time to time and I/we will be kept updated of any changes to the Privacy Policy via People's Choice Credit Union's newsletters or on its website. I/We consent to the collection, use and disclosure of the information contained in this application and for any other application or communication I/we may have with People's Choice Credit Union from time to time. If I/we supply information to People's Choice Credit Union about another person, I/we confirm that I/we am/are authorised by that person to supply the information and I will inform that person how to contact People's Choice Credit Union, how to obtain the Privacy Policy, that People's Choice Credit Union will use and disclose their personal information for the purposes set out in this document and that they can gain access to that information.

I/We authorise People's Choice Credit Union to provide its relevant service providers:

- Any information provided by me/us in this document (including personal information)
- Any other information (including personal information) I/we may provide to People's Choice Credit Union which they may lawfully obtain about me/us where the provision of such information is required or allowed by law. This includes verification of personal information as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

Primary Account Owner (1)

Title	First name(s)	Surname
Member Signature		Date

Joint Account Owner (2)

Title	First name(s)	Surname
Member Signature		Date

Office Use Only

Signatures Verified Yes No

Branch _____ Operator ID _____ Date _____

Regulatory Requirements

Accounts & Access Terms & Conditions, Fees & Charges , Savings & Investments Interest Rates

Issued to all members if not previously recorded Yes No

Personal Deposit Account

Office use only Account Number: _____
--

Joint Account Owner (3) (All account owners must be members of People's Choice Credit Union)

Member Number:

Title:	First Name/s:	Last Name:
--------	---------------	------------

Email Address:

Facilities

<input type="checkbox"/> Internet Banking *	<input type="checkbox"/> Phone Banking *	<input type="checkbox"/> SMS Banking *	<input type="checkbox"/> eStatements ~
<input type="checkbox"/> Visa Debit card (refer below)	<input type="checkbox"/> Cheque facility ^	<input type="checkbox"/> Overdraft facility (application required)	
<input type="checkbox"/> Zip Visa Debit card	<input type="checkbox"/> PayTag	<input type="checkbox"/> Brown Wallet Card	<input type="checkbox"/> Red Wallet card

* Internet Banking and Phone Banking facilities include BPAY ^ Cheque facility is only available on Everyday Account, Club 55, Expenses Account and Offset
 ~ eStatements mandatory on Zip Accounts

Joint Account Owner (4) (All account owners must be members of People's Choice Credit Union)

Member Number:

Title:	First Name/s:	Last Name:
--------	---------------	------------

Email Address:


Facilities

<input type="checkbox"/> Internet Banking *	<input type="checkbox"/> Phone Banking *	<input type="checkbox"/> SMS Banking *	<input type="checkbox"/> eStatements ~
<input type="checkbox"/> Visa Debit card (refer below)	<input type="checkbox"/> Cheque facility ^	<input type="checkbox"/> Overdraft facility (application required)	
<input type="checkbox"/> Zip Visa Debit card	<input type="checkbox"/> PayTag	<input type="checkbox"/> Brown Wallet Card	<input type="checkbox"/> Red Wallet card

* Internet Banking and Phone Banking facilities include BPAY ^ Cheque facility is only available on Everyday Account, Club 55, Expenses Account and Offset
 ~ eStatements mandatory on Zip Accounts

Account Signing Authority Instructions (tick applicable)

Number of signatures required: Only ONE to sign At least ____ to sign All to sign

 Please complete – If not completed you may be taxed on any interest received.

Tax File Information: This information will be destroyed once loaded onto the system.

Joint Account Holder (3)

Tax File Number or Exemption Number

Joint Account Holder (4)

Tax File Number or Exemption Number

Declaration

I/We understand that it is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 to make a false and misleading statement. I/We declare that the details as shown on this form are complete and accurate.

I/We have received the Accounts & Access Facilities Terms & Conditions document, Fees & Charges document and Savings & Investments Interest Rates and agree to be bound by them.

I/We understand that the collection of my/our Tax File Numbers is authorised, and their use and disclosure are strictly regulated by Tax Laws and the Privacy Act. I/We understand that quotation is not compulsory, but tax may be taken out of my/our interest if I/we do not quote my/our Tax File Number or claim an Exemption.

I/We have received the Privacy Policy from People's Choice Credit Union. I/We consent to the collection, use, handling, and disclosure of my/our personal information as set out in the Privacy Policy. I/We understand the Privacy Policy may change from time to time and I/we will be kept updated of any changes to the Privacy Policy via People's Choice Credit Union's newsletters or on its website. I/We consent to the collection, use and disclosure of the information contained in this application and for any other application or communication I/we may have with People's Choice Credit Union from time to time. If I/we supply information to People's Choice Credit Union about another person, I/we confirm that I/we am/are authorised by that person to supply the information and I will inform that person how to contact People's Choice Credit Union, how to obtain the Privacy Policy, that People's Choice Credit Union will use and disclose their personal information for the purposes set out in this document and that they can gain access to that information.

I/We authorise People's Choice Credit Union to provide its relevant service providers:

- Any information provided by me/us in this document (including personal information)
- Any other information (including personal information) I/we may provide to People's Choice Credit Union which they may lawfully obtain about me/us where the provision of such information is required or allowed by law. This includes verification of personal information as required by the Anti-Money Laundering and Counter-Terrorism Financing Act 2006.

Joint Account Owner (3)

Title	First name(s)	Surname
Member Signature		Date

Joint Account Owner (4)

Title	First name(s)	Surname
Member Signature		Date

Office Use Only		
Signatures Verified <input type="checkbox"/> Yes <input type="checkbox"/> No		
Branch _____	Operator ID _____	Date _____
Regulatory Requirements		
Accounts & Access Terms & Conditions, Fees & Charges , Savings & Investments Interest Rates		
Issued to all members if not previously recorded <input type="checkbox"/> Yes <input type="checkbox"/> No		