



Redicard APPLICATION FORM

Member Number _____

Surname _____

Given Names _____

Address _____

_____ Postcode _____

Date of Birth _____

Telephone (Home) _____

(Business) _____

I hereby acknowledge that I have received and read a copy of the "Redicard Conditions of Use" and agree to be bound by those conditions of use.
I acknowledge that my Card and Personal Identification Number (PIN) will be mailed separately to the above residential address.
I agree to acknowledge receipt of the Card and PIN and understand that my card will not work until Pulse Credit Union has received the signed acknowledgement slip.
I understand that the Redicard has a limited number of free transactions and after that some charges apply. I have been given a copy of the fees and charges brochure.
If a joint Membership and 2 cards are required please complete an application for each.

Signature: _____ Date _____

The information requested on this application is for the purpose of issuing a Redicard. The information provided may be passed on to Government authorities or organisations contracted to the Credit Union who provide the Redicard and Electronic Funds Transfer transaction switching. If you choose not to provide the information, we will be unable to process your card application. Subject to National Privacy Principle, you may access your personal information held in our records.