



CREDIT UNION LTD

ABN 35 087 651 670

# APPLICATION FOR A PERSONAL CHEQUE BOOK

I/We apply for a Member Cheque Book facility and request that this is attached to my/our:

tick **one box only**    **S1** access account     **S2** savings account

**MEMBER NUMBER:**

**SURNAME:**

**GIVEN NAMES:**

**2<sup>ND</sup> NAME (if Joint A/C)**

**ADDRESS:**

**Please order a NAB deposit book**

I/We have read the 'Cheque Book Conditions of Use' and agree to be bound by those conditions. I/We understand that the name on the Cheque Book will be the same name as the name on my/our membership and that the Cheque Book will be mailed to my/our home address. I/We state that the signatories below and on the enclosed Cheque Signatory Card are authorized signatories to sign and Stop Payment Orders. In the case of a joint account, which has been set up as 'both to sign', we understand that both signatures will be required to authorise payment.

**Signature:**

**Signature:**

**Date:**

**Date:**

**Note:** If you are applying as a registered business, please provide your ABN and a copy of your Business Registration Certificate if you haven't already done so. Thank you.

The information requested on this application is for the purpose of issuing a Cheque Book Facility. The information provided may be passed on to Government authorities or organizations contracted to the Credit Union who provide such services as Cheque Book Supply. If you choose not to provide this information, we shall not be able to process your application for a Cheque Book. Subject to National Privacy Principles, you may access your personal information held in our records.

Office Use:    *Cheque Book ordered*     *NAB deposit book ordered*     *Sig card sent*

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