



The Broken Hill Community Credit Union Ltd
 ABN: 12 087 650 762 AFSL No: 238020

REDICARD APPLICATION

Member Number	Member Name		
Name on Card			
Card Number			
Card for New Membership []		Replacement Card []	
Card Limit Group		Old Redicard Number	
Limited []	Standard []		
Extended [] (Conditions apply)			
Linked Savings Account			
S1 – First Savings []	S4 – Second Savings []	Replacement Reason	
S6 – Third Savings []		Damaged []	
		Lost/Stolen []	
		Change of Name []	
		Expired []	

I hereby apply for a Redicard to be issued to me. I understand that upon collection of my Redicard from the Credit Union I will select the Personal Identification Number (PIN) that I wish to use. I understand that a fee may apply for any replacement Redicard issued to me.

I acknowledge having received, read and understood the Product Disclosure Statement and Condition of Use for this service and accept and agree to be bound by these terms and conditions.

Please Note: If you are applying for a replacement card please phone the Credit Union on (08) 8088 2199 or Hotline on 1800 224 004 to cancel existing card.

Signature _____ Date ___ / ___ / ___

On completion please send this form to BHCCU LTD PO Box 294, Broken Hill NSW 2880 or alternatively fax to (08) 8087 6730.

OFFICE USE ONLY	
Date Processed ___ / ___ / ___	Old Redicard cancelled []
MSO _____	