



ACCESS CARD APPLICATION

Date ___ / ___ / ___

Member Number _____ Member Name _____

Card Number	Name on Card
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This is a;

Replacement Card for: _____

Because: _____

I:

- hereby apply for an Access Card and Personal Identification Number (PIN) to be issued to me to enable access to my account at authorised electronic banking terminals.
- understand that a fee may apply for any replacement Access Card issued to me.
- acknowledge having received, read and understood the Product Disclosure Statement and Conditions of Use for this service and accept and agree to be bound by these terms and conditions.

Cardholder Signature: _____

Authorised
Signature _____

Authorised
Signature: _____

CU Use Only:

Date Processed: ___ / ___ / ___ Old Redicard/Visa Debit card cancelled []

Fee charged

Fee not required

MSO _____