



GOLDFIELDS CREDIT UNION

Your Local Banking Choice!

# GOLDFIELDS CREDIT UNION

## BUSINESS BANKING SERVICES REGISTRATION FORM

I / We hereby request the Goldfields Credit Union to register me / us for use of the following GCU **Business Banking Services**.

### Business Member Details (Please Print)

Membership Number(s)		Account Type (S2 or S30)	
Last Name			
	(Member 1)		(Member 2)
First Name			
	(Member 1)		(Member 2)
Title (Dr, Mr., Mrs., Ms.)			
	(Member 1)		(Member 2)
Email Address			
	(Member 1)		(Member 2)
Day Time Telephone Number			
	(Member 1)		(Member 2)

### Business Banking Services Required

Please tick the box with the services you require with your Business Savings Account.

GCU Business Banking Service Required	Please Tick below		
<ul style="list-style-type: none"> <li><b>Net Banking</b> - internet banking service, 24 hours, 7 days a week with B Pay Facility.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li><b>PhoneLink</b> - telephone banking service 24 hours, 7 days a week with B Pay Facility.</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> <li><b>Member Chequing</b> - cheque book service – specify cheque size</li> </ul>	<input type="checkbox"/>	<b>25</b>	<b>100</b>
	<input type="checkbox"/>	<b>50</b>	<b>200</b>
<ul style="list-style-type: none"> <li><b>Redicard</b> - ATM / EFTPOS - debit card service</li> </ul>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature	Date
Member 1	
Member 2	

I / We accept and agree to abide by the terms and conditions for the service(s) indicated above, which form part of this application.