



GOLDFIELDS CREDIT UNION

Your Local Banking Choice!

# GOLDFIELDS CREDIT UNION

## PERSONAL BANKING SERVICES REGISTRATION FORM

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

### Personal Member Details (Please Print)

|                            |            |                          |            |
|----------------------------|------------|--------------------------|------------|
| Membership Number(s)       |            | Account Type (S1,S3 etc) |            |
| 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) |

### Personal Banking Services Required

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

| GCU Personal 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.