

Member Number

Account Title

Member Status

Single Joint Non-Individual

Date

 / /

Applicant 1 (Primary)

Member Number _____

Title

Surname

First name

Middle Name

Applicant 2 (Secondary/Authorised Signatory)

Member Number _____

Title

Surname

First name

Middle Name

Card Details

Redicard Visa Debit Card

Order Card For:
Name

Name

Collection

Post Collect

Service Centre for Collection _____

Credit Overdraft Facility

If you wish to apply for a Credit Overdraft Facility, you must complete a separate Overdraft application.

Declarations

1. Authority to Operate

- 1.1 I/we acknowledge that any account holder may authorise transactions on the Bank account to which the Redicard or Visa Debit Card will be linked.
- 1.2 I/we acknowledge that I/we are responsible for all transactions made using the Redicard/Visa Debit Card by any authorised cardholder.

2. Parental/Guardian Consent and Indemnity (Children 12-16 years)

- 2.1 I acknowledge that my child may access their account via Redicard.
- 2.2 I acknowledge that I remain liable for all debts incurred on the account by my child.

Member Signature

(1) Date / / (2) Date / /

Parental/Guardian Consent (If Applicable)

Signature

Print Name

Date

 / /

Have you provided us with your Tax File Number? If you have not then we will deduct withholding tax from any interest earned by you.

Office use only

MSO Use Only - forward form to Account Access Services

Operator number

Date

 / /

Transaction Services Use Only

Audited By

Date

 / /