



## MEMBER REGISTRATION FOR FIRENET BANKING

MEMBER NUMBER:

### Primary Member

SURNAME

GIVEN NAME(S)

### Secondary Member – when applicable

SURNAME

GIVEN NAME(S)

### Contact Details

RESIDENTIAL ADDRESS

STATE

POSTCODE

PHONE NUMBER

EMAIL ADDRESS

I hereby apply to have access to Firefighters Credit Union FireNet Banking. – please tick

- Enquiry Only Access *Enables you to view transactions*
- Full Account Access *Enables you to process transactions, such as: Transfers to external accounts and BPay payments*

I acknowledge that I have received a copy of the Firefighters Credit Co-operative's Conditions of Use (including the relevant information regarding EFT Access Facilities and EFT Conditions of Use) and agree to comply with the terms and conditions contained therein.

Please supply me with a temporary password which I agree to change immediately when I first access FireNet Banking.

Please deliver temporary password to me by  Email  Phone  Letter

Please link this account to the following accounts I also hold in my/our name/s \_\_\_\_\_

\_\_\_\_\_  
PRIMARY MEMBER SIGNATURE

\_\_\_\_\_  
SECONDARY MEMBER SIGNATURE – when applicable

\_\_\_\_\_  
DATED

\_\_\_\_\_  
DATED

### OFFICE USE ONLY

DATE LOADED

LOADED BY

SUPPLIED TO MEMBER VIA  Email  Phone  Letter