

Member Registration for Telephone Banking

Member Number

--	--	--	--	--	--	--	--

Member Name:

_____ *(Family Name)*

_____ *(Given names)*

Date of Birth

_____ *Day/Month/Year*

Contact Details:

Address

_____ *Postcode*

Contact Telephone Number:

E-mail Address:

I hereby apply to have access to the Credit Union's Telephone Banking.

I acknowledge that I have received a copy of the Telephone Bankings Conditions of Use and agree to comply with the terms and conditions contained therein.

Please supply me with a temporary password which I agree that I will change immediately on the first occasion that I access the Telephone Banking System.

Please link this account to other accounts I hold in my name. Account No's _____

Signature: _____ Date: _____

Please deliver temporary password to me by phone/letter/e-mail (delete whichever is not applicable)

OFFICE USE ONLY

Password Issued on Date:

____ / ____ / ____