



Building better banking around YOU

Activating Accounts and Access Facilities

Office Use Only
Member No.

Circle Credit Co-operative Limited ABN 46 087 650 968 Telephone: (03) 9363 2530 Facsimile: (03) 9217 8100

Please refer to the Circle Account & Access Facility Conditions of Use for more information on an account or access facility you wish to activate. The credit union reserves the right not to activate an account or access facility requested by you.

1 Personal details Place in appropriate box

Primary member (your name in full) _____

Circle Credit member no. _____

Home phone no. _____

Mobile no. _____

Mailing address _____

E-mail address _____

Secondary joint member (only complete for joint memberships)
 Joint memberships where anyone can sign to transact on the account are eligible to register to internet/phone banking or apply for Visa debit card provided the names and signatures of all parties appear on this activation authority. Otherwise, if all must sign to operate the account please check with our office before completing this authority to activate internet/phone banking or Visa debit card.

Secondary joint member (your name in full) _____

2 Accounts & access facilities to activate

A. Please activate the following accounts:

<input type="checkbox"/> Christmas Club account (\$2)	Deposit amount \$ _____
Please indicate below, how you wish to access your Christmas Club savings plus interest available from 1 December, as follows:	
<input type="checkbox"/> Leave funds in my Christmas Club account	
<input type="checkbox"/> Transfer to my Super S account (\$6)	
<input type="checkbox"/> Transfer to another Circle Credit account:	
Member number _____	Account type (e.g. S1, S8) _____
<input type="checkbox"/> 30 Days Notice of Withdrawal account (\$8)	\$ _____
<input type="checkbox"/> Cash Fund account (\$4)	\$ _____
<input type="checkbox"/> Pensioner Plus account (\$10)	\$ _____
<input type="checkbox"/> Other (please specify) _____	\$ _____
<input type="checkbox"/> Term deposit (please specify details below) _____	\$ _____

Method of deposit

Cheque enclosed for the sum of the above deposit amount(s).

Direct credit my pay to the above savings account(s). Complete direct pay authority and attach to this application. **The Direct Pay Authority can be downloaded from the Circle Credit web site at www.circle.com.au. Direct credits from your pay cannot be made to fixed term deposit accounts.**

Transfer the sum of the above amount(s) from my account held at another financial institution. Complete the Direct Debit Request (QuickDebit) and attach to this application. **The Direct Debit Request can be downloaded from the Circle Credit web site at www.circle.com.au.**

Transfer the sum of the above deposit amount(s) from my Circle Credit account:
 Member no. _____ Account type (e.g. S1, S6) _____

B. Please activate the following access facilities:

Visa debit card Do you require an additional Visa debit card? Yes No
 If 'Yes' please complete the additional Visa card request authority (opposite)

Cheque book Linked to: Super S account (\$6) Budget account (\$5)
 You will be required to complete a specimen signature card

Name to show on cheques (account name) _____

Note: Direct credit, payroll deduction or regular deposit must be arranged to your Super S account before we can issue you with a Visa debit card or cheque book.

B. Please activate the following access facilities (cont'd):

Net Link Internet Banking with BPAY® **PLEASE NOTE:**
 You must supply an identification code (refer below) which we will use to confirm your identity by telephone before supplying you with an initial access code for Net Link and/or Phone Link.

Phone Link Telephone Banking with BPAY®

Your identification code for the Net Link and Phone Link access facilities.
 Please choose an identification code that will not be forgotten.

3 Net Link third party transfer authority

I/We authorise Circle Credit to transfer funds from my/our member number (opposite). I/We understand and acknowledge that this authority will enable transfers to the Circle Credit membership numbers and other financial institution accounts nominated below and will remain in force until advised otherwise by me/us in writing.

Circle Credit membership numbers:

- Member name _____
 Circle Credit member no. _____ Account (e.g. S6) _____
- Member name _____
 Circle Credit member no. _____ Account (e.g. S6) _____
- Member name _____
 Circle Credit member no. _____ Account (e.g. S6) _____

Other financial institution accounts:

- Name of other financial institution _____
 Account name _____
 BSB no. _____ Account no. _____
- Name of other financial institution _____
 Account name _____
 BSB no. _____ Account no. _____
- Name of other financial institution _____
 Account name _____
 BSB no. _____ Account no. _____

NB: Transfers to other financial institutions may take 2 to 3 working days. Transfers cannot be made to other credit card accounts.

4 Additional Visa card request authority

I/We wish to apply for an additional Visa Card to operate on my/our account for the person whose name and signature appears below. I/We confirm that this person is over the age of 18 years. In accordance with section 18N(1)(ga)(ii) of the Privacy Act 1988, I/We authorise this person to seek access from the Credit Union to any information concerning any of my/our accounts which may be operated by use of the additional Visa Card. I/We agree to indemnify the Credit Union against any loss, damage or penalty which it may incur arising out of the operation of this authority, provided that the Credit Union has acted within the terms of this authority. I/We declare that the Credit Union may act upon this authority until it has received my/our written instructions to the contrary.

Name of additional cardholder _____

Signature of additional cardholder _____

SIGN HERE

The additional cardholder's identity must be verified before their card can be activated.

5 Signature(s)

Signature of primary member _____ Date _____

SIGN HERE

Signature of secondary joint member _____ Date _____

SIGN HERE