

mecu Limited • Head Office 222 High Street, Kew Victoria 3101, Australia Private Bag 12, Kew Victoria 3101, Australia
ABN 21 087 651 607 • AFSL 238431 • Telephone 132 888 • Facsimile 03 9853 9294 • BSB No. 803 140

Please return completed form to mecu by mail, facsimile or to a service centre.

Member number	<input type="text"/>	Member name	<input type="text"/>
Member number	<input type="text"/>	Member name	<input type="text"/>

Note: Where account is in joint names, all applicants must sign below. Refer to the current Schedule of Interest rates.

Please tick the appropriate boxes below and complete details to indicate your requirements.

Application for Fixed Term Deposit Monthly Income Term Deposit
(Refer to the Schedule of Interest Rates for Interest Rate, Minimum Deposits, Terms, Conditions and Early Withdrawal Fee)

Amount of deposit \$ Term months Interest rate %p.a

interest payment frequency
 Six monthly On maturity

maturity—Unless I advise otherwise, on maturity would you please:
 Credit principal to savings account number
 Issue cheque direct to the above address Re-Invest principal for a like term at the then current interest rate

interest payment method
 Credit the interest to my savings account number
 Forward the interest cheque in my/our name to the above address Reinvest (Compound)

initial deposit

I/We authorise the amount of \$ to be deducted from my/our mecu account number , and deposited to my/our new Term Deposit

Please find enclosed a cheque for the amount of \$, being initial deposit to my/our new Term Deposit.

I wish to make my initial deposit with cash. (Note: we are only able to accept cash deposits if you bring your application to an mecu service centre. Please do not send cash via mail.)

other authorised signatories

Must be a member, or have previously completed signatory 'identification checks' with mecu (as per government requirements).
If not, a Signatory Application and identification checks are required.

Surname	<input type="text"/>	Surname	<input type="text"/>
Given name(s)	<input type="text"/>	Given name(s)	<input type="text"/>
Member number/	<input type="text"/>	Member number/	<input type="text"/>
Signatory number (if known)	<input type="text"/>	Signatory number (if known)	<input type="text"/>

I/ We have read the relevant Terms and Conditions, and agree to be bound to them and to be bound by the disclosure of information in the Terms and Conditions. I/ We have also read the Members and Education Credit Union Limited Privacy Statement, and consent to the contents therein.

Signature	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text"/>	Date	<input type="text"/>

account owner(s) declaration—Must be signed by all account owners.

Method of operation Either to operate All must sign At least must sign

I/We apply to open this account per the details completed on this application and appoint the above people as authorised signatory(ies) to the account. They may, in accordance with Section 18N (1) (ga) (ii) of the Privacy Act (1988), seek and obtain information relating to this account. I/We indemnify Members and Education Credit Union Limited against any claim, which may arise from those acts of an authorised signatory, which are within the terms of this authority. I/We have read the relevant Terms and Conditions, and agree to be bound by them and to be bound by the Disclosure of Information in the Terms and Conditions. I/We have also read the Members and Education Credit Union Limited Privacy Statement, and consent to the contents therein. I/We agree to pay all charges required by Members and Education Credit Union Limited in accordance with the Corporations Law.

Signature

Signature

Date

Date

Office use only

Account number

Prosper updated

TFN loaded

Verified signatures

Opened on

Relationship linked