

mecu Limited ABN 21 087 651 607 AFSL/Australian Credit Licence 238431 trading as bankmecu • 222 High Street, Kew Victoria 3101, Australia
Private Bag 12, Kew Victoria 3101, Australia • Telephone 132 888 • Facsimile 03 9853 9294 • Email mail@bankmecu.com.au • bankmecu.com.au

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

Customer number	<input type="text"/>	Customer name	<input type="text"/>
Customer number	<input type="text"/>	Customer 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 Fortnightly 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 to the address below Reinvest principal for a like term at the then current interest rate

Address
 Postcode

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 bankmecu 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 a bankmecu service centre. Please do not send cash via mail.)

other authorised signatories

Must be a customer, or have previously completed signatory 'identification checks' with bankmecu (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"/>
Customer number/ Signatory number (if known)	<input type="text"/>	Customer number/ Signatory number (if known)	<input type="text"/>

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 outlined in the Terms and Conditions. I/We have also read the mecu 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 **mecu** 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 outlined in the Terms and Conditions.

I/We have also read the **mecu** Limited Privacy Statement, and consent to the contents therein.

I/We agree to pay all charges required by **mecu** Limited in accordance with the Corporations Law.

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

Office use only Account number Operator No. and Initials
 TFN loaded Verified signatures Opened on Relationship linked Prosper updated