

Term Deposit Application

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ABN 59 087 650 584 AFSL 246941

Member

Member Number

Member Name

Daytime contact number

Email

Joint member (if applicable)

Member Number

Member Name

Daytime contact number

Email

Please lodge the following Term Deposit

Deposit amount \$

Term months

Interest Rate % pa

Deposit is by Cash/cheque

Transfer from account

Principal Reinvest at maturity

Transfer to account

Interest paid At maturity Annual Monthly Fortnightly (Edvest only)

Interest payment instructions Add to investment (only at maturity or annually)

Transfer to account

For taxation purposes I/we have previously advised my/our tax file number/exemption and wish to apply it to this account

I/we do not want to quote a tax file number/exemption

I/we want to have withholding tax deducted from this account

I/we acknowledge that the term deposit is lodged on the understanding that it is not available for withdrawal before the maturity date.

Member 1 signature

Date

Member 2 signature

Date

Signing authority Either to sign All to sign

Branch use only			Head Office use only		
Member 1 sig verified <input type="checkbox"/>	Deposit number <input type="text"/>	Completed by <input type="text"/>	Reviewed by <input type="text"/>	Op No. <input type="text"/>	Date <input type="text" value="/ /"/>
Member 2 sig verified <input type="checkbox"/>	Check statement method of existing accounts <input type="checkbox"/>	Op No. <input type="text"/>	Op No. <input type="text"/>	Op No. <input type="text"/>	Date <input type="text" value="/ /"/>
Deposit loaded <input type="checkbox"/>	Check account access on Internet banking <input type="checkbox"/>	Date <input type="text" value="/ /"/>	Date <input type="text" value="/ /"/>	Date <input type="text" value="/ /"/>	Date <input type="text" value="/ /"/>