Child Membership

Application Form



Membership confers rights and obligations under the Credit Union's Constitution, a copy of which you can obtain on request.

| Your Details | | |
|---|---|---|
| Mr Mrs Ms Surname | Miss Other Middle Name Date of birth | 1 |
| MY RESIDENTIAL ADDRESS (MANDATORY) | | |
| Unit / Street no. Street Name | | |
| Suburb | | State Postcode |
| Mailing address if different from residential add | ress above | |
| Email | | |
| Tax File Number please use this TFN for all my a | accounts with you | |
| Home Ph | Mobile Ph | Work Ph |
| Do you or an immediate family member hold a P | ublic Office position e.g. politician, senior SAMFS rank | Yes No |
| Consent for Electronic Deliver | y of Statements & Notices | |
| I consent to receiving communications in relation to any of products and services with Fire Service Credit Union by email, SMS, push notification of through the secure mail facility available within Internet Banking. I understand that the effect of this consent is that paper documents may not be provided by | Fire Service Credit Union where an electronic alternative is available and that I must regularly check my electronic communications for | Yes No Statements will be available via Internet Banking by the 7th day of the month after your statement cycle |
| Selecting Your Access Faciliti CHOICE OF ACCESS FACILITIES Visa card Internet Banking Member Access Code - Four digit access code fo | | |
| Account(s) required | | |
| S1 Everyday | S12 Junior Firefighter | S Other |

Note: An S12 Junior Firefighter Savings account is designated as a Child's account. All S12 Junior Firefighter Savings accounts are closed when the Child reaches 18 years of age. No card access is available for S12 Junior Firefighter Savings accounts.

| Membership Qualification | | |
|---|---|--|
| · • | | |
| Fire Service Credit Union offer membership to Emergency Services Employees and their families and other approved persons as defined in the Constitution of the Credit Union. | Emergency Services Employee Yes No Employer | |
| As Fire Service Credit Union is a closed bond credit union, you must provide proof that you are a member of the Emergency Services | Please provide the following details of the referring member: | |
| (e.g. ID badge). If you are not a member of the Emergency Services it is necessary for you to be introduced by a current Fire Service Credit Union member. | Name | |
| Reason For Opening Account | Member number | |
| Reason For Opening Account | member mumber | |
| | Relationship | |
| | Signature | |
| | | |
| Authorised adult (optional) | | |
| You acknowledge the Child is the Owner of the Membership and Account(s) and any credit funds are the property of the Child. | An Adult who opens an Account for a Child under 12 is added as an Authorised signatory however, the Account(s) will be 'two to sign' giving access to account information (including view only Internet Banking). Withdrawals are not permitted until the Child's signature is registered. | |
| Adults Name | Adults Member Number | |
| Phone | Email | |
| ACCESS METHODS: | | |
| INTERNET BANKING | VISA DEBIT CARD | |
| Includes access via FSCU Mobile Banking app (once downloaded) Note: Internet Banking automatically includes e-statements. I understand I can opt out of e-statements via Internet Banking. Daily Internet Banking transactions limits apply. | Card access only available for S1 accounts. Visa Debit cards are available to members from 12 years with parent acknowledgement. For a child under 12, please contact FSCU to discuss. Note: Activate Visa Debit Card and select PIN via Internet Banking or Mobile app. I request Fire Service Credit Union Ldt to issue me with a Visa Debit card (subject to FSCU approval). | |
| SIGNATURE | Date / | |
| | | |
| Applicant Signature | | |
| All applications for membership are subject to approval by the Board of Direct All members of the Credit Union are required to hold one \$10.00 membersh | | |
| I acknowledge that I have received the General Terms and Conditions and agr | | |
| SIGNATURE | Dato | |



OFFICE USE ONLY Membership number Shares Date of Admission to Membership **VERIFICATION OF IDENTITY DETAILS CONFIRMATION** Customer Identification Procedure Staff Member's Signature - Individual carried out and document(s) produced were: DISCLOSURE DOCUMENTS PROVIDED AND LOGGED ON **FACILITIES ORDERED/LOADED AP ACCESS** Visa Card Privacy Notice Internet Banking Financial Services and Credit Guide Access code General Terms and Conditions Complaints & Dispute Resolution Guide **COMPLIANCE RISK CATEGORY**

Low

Medium

High