

Term Deposit Application Form

Personal information - Applicant

Your details

Mr Mrs Miss Ms

First Name _____

Family Name _____

Date of Birth _____

Address Street _____

Suburb _____

City _____ Postcode _____

Postal Address (if different from above)

Address Street _____

Suburb _____

City _____ Postcode _____

Phone (Home) _____

Phone (Work) _____

Cellphone _____

Email address _____

Occupation _____

Indicate how the authorised signatory must sign:

Individually Jointly (provide details of who needs to sign)

IRD Number _____

Tax rate 12.5% 21% 33% 38% exempt

Credit Union Number _____

Manchester Unity Friendly Society Lodge Number _____

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First Name _____

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Credit Union Number _____

Manchester Unity Friendly Society Lodge Number _____

Deposit Details Please Complete

Deposit Amount \$

Term (please circle): 1 Year 2 Years 3 Years

Cheque Attached or Debit Credit Union Acct #

Interest Instructions: Compound Pay to Credit Union Acct #

Pay to Bank Acct # ____ / ____ / ____

Maturity Instructions: Reinvest Pay to Credit Union Acct #

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Checklist for new member application

Identification - please provide clear copies of two documents showing the same name, one must be an official document with photo and signature eg -

- Drivers Licence
- Passport
- Firearms Licence

Other official documents that are acceptable along with one of the above include

- Full Birth Certificate
- Credit Card Eftpos/ATM card must be embossed with name
- Student ID card

Plus: Please include a copy of account to pay (phone, power) to provide proof of address

How did you hear about Manchester Unity Credit Union? Newspaper Radio Word of mouth Other

Please return the completed new Membership Application form, with copies of Identification as listed in the checklist.

Declaration

1. I /We declare that the information stated in this application is true and correct.
2. I/We certify that I am/each of us is 18 years of age or older and not an undischarged bankrupt or liable under the Insolvency Act 1967.
3. I/we acknowledge that I/we have received a copy of the rules and investment statement .
4. Where the account is held in the names to two people in the event of the death of one of us the survivor in this account is authorised to operate the account and give a full discharge to the Credit Union accordingly.
5. I/we agree that this application is made subject to the rules of the Credit Union and the terms and conditions under which Credit Union accounts are used both of which may be amended from time to time. A copy of the current rules and terms and conditions may be requested from the Credit Union at any time. Usage of the Credit Union account indicates acceptance of such rules and terms and conditions including amendments.
6. I/we agree that in the event of any dispute arising which affects my/our accounts with the Credit Union , the Credit Union may, at its absolute discretion, refuse to allow the account to be operated until agreed instructions from both parties are received.
7. I/we acknowledge that personal information about me/us is collected and held by the Credit Union and that I/we have the right to request access to and correction of any information held. If I/we fail to provide such information to the Credit Union may be unable to process my/our application. I/we agree that Manchester Unity Credit Union and Manchester Unity Friendly Society may use my/our personal information to communicate with me/us in the future. I/we also agree that the Credit Union may provide information about me/us excluding financial details' to other third parties so that I/we may be offered other services.
8. Authority to pay membership contributions - I/we hereby authorise the Credit Union to pay to Manchester Unity Friendly Society such amounts from my/our deposit account as are required from time to time to maintain my/our membership of Manchester Unity Friendly Society.
9. Investment Insurance - I/we confirm that within the past 12 months no medical practitioner has expressed an unfavourable opinion on my/ our life
10. If paying from a Credit Union account we authorise the Credit Union to debit that account.

Signature of Applicant _____ Date _____

Signature of Joint Applicant _____ Date _____

Office Use Section

Identification: CU Account Number:

Staff member opening account: _____

Date Received: _____ Confirmation Sent: _____

Manchester Unity Credit Union Napier

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Email

Website

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Postal

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