

Hunter United Visa Debit Card

Application Replacement (Please Tick)

APPLICANT DETAILS

Membership No:

Surname (Mr/Mrs/Miss/Ms): _____

Given names: _____ D.O.B: / /

Home address: _____

Postcode: _____

Phone (H): _____ (W): _____

Email: _____

JOINT APPLICANT DETAILS (if membership is in joint names)

Surname (Mr/Mrs/Miss/Ms): _____

Given names: _____ D.O.B: / /

Home address: _____

Postcode: _____

Phone (H): _____ (W): _____

Email: _____

(a) Please nominate on which account Visa Debit Card is to operate, eg. S01

(b) Please nominate your 'fallback' account number - where insufficient funds in (a) above, eg. S02

For security reasons your Visa Debit Card and PIN will be posted separately to your home address indicated above. For renewal cards, no PIN or activation required.

ACKNOWLEDGEMENT AND CONSENT:

1. I am/We are 18 years old or older and am/are permanent resident(s) of Australia.
2. I/We hereby apply for the issue of a Visa Debit Card(s) and Personal Identification Number(s) ('PIN') to enable me/us to access my/our nominated account(s) with Hunter United at authorised electronic banking terminals such as Sale Terminals (EFTPOS) and Automatic Teller Machines (ATMs).
3. I/We confirm that I/we will be bound by the terms and conditions applying to Visa Debit Cards found in the Account Access Terms and Conditions. I/We confirm that I/we can access and view the Account Access Terms and Conditions and the Fees and Charges-Deposit Product & Account Access Facilities brochure online at www.hunterunited.com.au.
4. I/We request Hunter United deliver my/our Visa Debit Card(s) and Personal Identification Number(s) by separate mail to my home address as above.
5. Upon receipt of my/our Visa Debit Card(s) and PIN(s) I/we will activate the card(s), using the instructions provided.

SUPPLEMENTARY CARDHOLDER details (optional)

6. I/We (the member(s)) hereby request that Hunter United issue a supplementary card to the person below and acknowledge that the issue of this card will enable this person to operate on my/our account by using the card.
7. I, the supplementary card holder, by signing this application acknowledge and accept all the terms and conditions contained in clauses 1 to 6.

Surname (Mr/Mrs/Miss/Ms): _____

Given Names: _____ D.O.B: / /

Home Address: _____

Postcode: _____

Phone (H): _____ (W): _____

Email: _____

NAME REQUIRED BY CARDHOLDER(S) TO APPEAR ON CARD

	Office Use Only (Card no.)
1.	
2.	
3.	

NOTE: If card(s) are not received within 21 days of this request, you must notify Hunter United. It is a requirement under the Anti Money Laundering and Counter Terrorist Financing Act, that all signatories to an account must produce sufficient documentation to enable their identity to be fully verified. Identification forms must accompany this application form for any signatories that have not previously had their identity verified. These forms are available from all Hunter United branches.

Applicant's Signature: _____ Date: _____

Joint Applicant's Signature: _____ Date: _____

Supplementary Cardholder's Signature: _____ Date: _____

Office use only

Staff Name: _____

Signature: _____

Visa Debit card/s ordered.



Hunter United
Customer Owned Banking