



FIRE SERVICE CREDIT UNION

LTD. EST. 1972

22 Chancery Lane, Adelaide SA 5000
ABN: 17 087 651 152

Phone: 08 8227 2222 Fax: 08 8227 2422
AFSL: 237515 Australian Credit Licence: 237515

Web: www.fscu.com.au
BSB: 805013

Additional Signatory: Personal

Signatory

Power of Attorney

ADDITIONAL SIGNATORY AUTHORITY: I authorise the person whose details and signature are listed below to operate on my Membership and to seek access from the Credit Union to any information concerning my Membership. I agree to indemnify the Credit Union against any loss, damage or penalty which it may incur arising out of the operation of this Authority, provided that the Credit Union has acted within the terms of this Authority. I declare that the Credit Union may act upon this Authority until it has received my written instructions to the contrary. Such Authority, however, does not apply to Loan Applications, collection of loan funds, and closure of accounts.

Please specify to which of your accounts this signatory authority applies: ALL Other _____

MEMBER NO.

MEMBER NAME

AUTHORISING SIGNATURE

IS THE ADDITIONAL SIGNATORY AN EXISTING FSCU MEMBER?

If **Yes**: Please complete here and sign

VISA CARD: I understand FSCU will issue a Visa Debit card to allow access to the Account Owner's account(s).

INTERNET BANKING: I understand I will access the Account Owner's account via my own Internet Banking login, including activation of Visa Debit card and PIN selection.

MEMBER NO.

MEMBER NAME

SIGNATURE

If **No**: Please complete details below and sign where indicated. Please supply identification document.

MEMBER NUMBER

(allocated by FSCU)

TITLE AND SURNAME

Mr / Mrs / Miss / Ms / Other _____

GIVEN NAME(S)

RESIDENTIAL ADDRESS

MAILING ADDRESS

CONTACT DETAILS

Home phone _____

Work phone _____

Mobile phone _____

Email address _____



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PERSONAL DETAILS

Date of Birth _____ Drivers Licence No. _____
Employer _____ Occupation _____
Employment Status: Full time / Part time / Casual Job Title / Rank _____
Length of time at Employment _____ Length of time at Residence: _____
Retained firefighters: please provide retainer start date _____
Country of Citizenship _____ Country of residence for tax purposes* _____
Business / Company accounts: please provide main activity / source of wealth _____
Do you or an immediate family member hold a Public Office Positions? YES / NO
(eg politician, senior SAMFS rank) if YES please provide details: _____

MEMBER ACCESS CODE

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Please choose a four digit Access Code for identification purposes

FSCU staff may ask for your Access Code to verify your identity

Note: We recommend that you do not use the same code as your PIN for security reasons.
You should also avoid using your Employee Number

VISA DEBIT CARD

Visa Debit Card can be activated and PIN selected via Internet Banking

I request Fire Service Credit Union Ltd to issue me with a Visa Debit Card. Withdrawal limit on Visa Debit Card is \$1000 per day unless I request a higher limit. Merchants and other institutions may impose additional restrictions.

INTERNET BANKING Do you wish to use Internet Banking?

YES / NO

I understand I will access all accounts using my own Internet Banking log in details, including to activate Visa card and select PIN

MEMBERSHIP DECLARATION: I agree to be bound by the rules of FSCU and any registered amendments. I acknowledge receipt of FSCU's Terms and Conditions for Deposit accounts and agree to be bound by them. I understand FSCU will collect personal information from me as required by the Anti-Money Laundering and Counter Terrorism Financing Act 2006 (AML/CTF Act) and that it may take steps to verify the personal information it has collected. I consent to the collection, use, handling, disclosure and verification of personal information as required by the AML/CTF Act. I believe the above details to be true and correct. It is an offence under the AML/CTF Act to give false and misleading information. I understand that if I provide FSCU with incomplete or inaccurate information that FSCU may not be able to provide me with the products or services that I am seeking.

SIGNATURE

DATE

Office Use:

New to FSCU: Open New RIM following usual Opening Checklist with RIM Class Code: Signatory
Existing FSCU member: Add Additional Signatory Relationship to Account Owner's RIM
Visa cards: Order Visa card under Signatory's RIM, amending Name in Card Controls to include 'SIG'
Internet Banking: Link accounts to Signatory's Internet Banking in RIM Services
GENERAL T&C AND PDS: Email links for General T&C and PDS to Signatory