



**PULSE CREDIT UNION LTD**  
*where people matter*

**REGISTERED OFFICE**  
 Level 6, 766 Elizabeth Street  
 Melbourne VIC 3000  
 G.P.O. Box 1107  
 Melbourne VIC 3001  
 T (03) 9347 9588  
 F (03) 9348 1475

ABN 35 087 651 670

## Joint &/or Partnership Account Signing Authority

<b>Please open a joint account in the following names or partnership name (if applicable):</b>	Account Number <input style="width: 100%;" type="text"/>
--	--

**➤ Partnership details (where applicable)**

Please state Partnership Name or Registered Business Name (we need to the sight original or a copy of the Business name Registration Certificate)

ABN:

Mailing address:

Post Code

When opening a Partnership Joint Account, the signatories to this form confirm that the partners and the name of the partnership are as listed above and that the Credit Union already has details of the partners' addresses in their respective membership records.

**Member 1:**

Membership Number

Title

First Name

Surname

Signature

**Member 2:**

Membership Number

Title

First Name

Surname

Signature

**Member 3:**

Membership Number

Title

First Name

Surname

Signature

<b>Member 4:</b>	Membership Number
	Title First Name
	Surname
<b>Signature</b>	

**Date**

<input type="text" value="Account Method of Operation:"/>	<input type="checkbox"/> <b>Any One to Sign</b>
	<input type="checkbox"/> <b>All parties to sign</b>
	<input type="checkbox"/> <b>Other (specify)</b>

**ACCOUNTS**

Please activate the following components of the Account and Access Facility: By opening an account or using an access facility you become bound by the Conditions of Use of the Account and Access Facility.

<input type="checkbox"/> Access Account (101)	<input type="checkbox"/> Savings Account (102)
<input type="checkbox"/> Deeming Account (108)	<input type="checkbox"/> Christmas Club (105)
<input type="checkbox"/> Cash Management Account (104)	<input type="checkbox"/> 30 Day Notice Account (106)
<input type="checkbox"/> 11am Call Account (111)	<input type="checkbox"/> Term Deposit Account (110)
<input type="checkbox"/> Other Special Purpose Savings Account (103) (107)	

**ACCESS FACILITIES**

<input type="checkbox"/> <b>Internet Banking</b>	<input type="checkbox"/> <b>Telephone Banking</b>
<input type="checkbox"/> <b>Redicard</b> (available only to "any one" signing authority) to operate on my/our	<input type="checkbox"/> Access Account (101)
	<input type="checkbox"/> Deeming Account (108)
Issue card to <input type="checkbox"/> Member 1	<input type="checkbox"/> Member 2
<input type="checkbox"/> Member 3	<input type="checkbox"/> Member 4
You will need to acknowledge receipt of Redicard and PIN to allow activation of the service.	
<input type="checkbox"/> <b>Cheque book</b> to operate on our	<input type="checkbox"/> Access Account (101)
	<input type="checkbox"/> Deeming Account (108)
<input type="checkbox"/> <b>NAB deposit book</b>	
The name on the cheque book will be the same as the account name.	

Please complete this Cheque Signing Authority signature card if you have requested a cheque book or NAB deposit book for your account.

ACCOUNT NAME		BSB No.	FI No.	LINK No.	CD
		0 8			
		<input type="checkbox"/> New Account	<input type="checkbox"/> Variation to existing account (Link Number Retained)		
SPECIMEN SIGNATURES					
1.	2.	SIGNING SPECIFICATION <input type="checkbox"/> Any one may sign <input type="checkbox"/> All parties to sign <input type="checkbox"/> Two to sign <input type="checkbox"/> Other (Specify Below) ..... ..... .....			
3.	4.				
5.	6.				
Authority Effective from ...../...../.....		Officer	CUSCAL		
Lender:		<b>CHEQUE ACCOUNT SIGNATORY CARD</b> BMS MC1			

**Checklist**

To ensure that we receive all the information required to process your new account and access facilities, please complete the checklist below:

- Application for Membership and Shares form completed and signed (new members only)
- Certified copy of signatory's identification completed (new members only)
- Signing Authority completed)
- Cheque signing authority completed (where necessary)

Once you have completed the checklist above, please send by post to:  
 Pulse Credit Union Ltd  
 P.O. Box 1107  
 Melbourne  
 Victoria 3001