

288 Summer St, Orange NSW 2800 Ph. (02) 6362 4466 ABN 34 087 650 477 AFSL 240768

Application for Term Deposit

This Term Deposit will be held in:	☐ Individual name OR	☐ Joint names	Is the Secondary Member
Primary Member Number	Secondary Memb	er Number (if applicable)	ATO POA
Full name/s on Term Deposit			
Conditions. If redeemed prior to matu	rity please note: An Administra rm elapsed - 60% of the initial	ation Fee of \$30 plus a rate redu rate; 61 to 90% of term elapsed	the Account and Access Facility Terms and action based on: 0 to 30% of term elapsed - 90% of the initial rate will be applied if the
Amount (\$)	Term (Months)		Interest Rate (%)
Transfer funds from ('S' accou	unt)		
Transfer funds from another	Orange Credit Union membe	ership (fill out transfer authority	y below)
The transfer authority below must be to sign requires 1 signature, both to sign		/s and signed in accordance with	h the membership signing authority - either
Member Number	Account Number	Member Name	
Member Signature		Member Signature	
Interest to be:			
	savings account 🔲 Paid k	by cheque	o another financial institution (as below)
Financial Institution		BSB Number	
Account Number		Account Name	
Manufacio Cininato in a		Dete	
Member Signature		Date	
RETURNING THIS FORM	MAIL: 288 Summer	Street, Orange NSW 2800	ocu@orangecu.com.au
FRONT OFFICE USE ONLY		BACK O	FFICE USE ONLY
Member signature verified		Op No.	Date
Term Deposit account (I)	Op No.		
Security questions asked and updated	Yes No Date	Deposit lo	paded Yes
Edvest member	☐ Yes ☐ No	Deposit N	Number
If 'yes', PP loaded (P&R - P80)	Yes No	☐ RBI20	01
Address details checked	☐ Yes ☐ No	☐ IVR13	6/0920