

Application for Visa Debit Card

| Date / [| / | | | | | | | |
|---|---|---------|-------------------------|-----------------|------------|----------|--|--|
| Member Number | | Acc | ount to be accessed wi | th Visa Card: | S | | | |
| Member Name | | Addr | ress | | | | | |
| City | | State | | Pos | stcode | | | |
| Email/s | | | | | | | | |
| Home Phone/s | | | Mobile Phone/s | | | | | |
| Is this a NEW or REPLACEMENT card? New Replacement * | | | | | | | | |
| * If replacement card, do you | need to retain the same | card n | umber? (eg. Direct deb | its from card) | Yes [| No | | |
| Card number to retain: | | | | | | | | |
| Reason for request (for replacement cards only) | Lost or Stolen (please use | form " | Visa Card Lost Card & , | Application for | Replacemen | t Card") | | |
| | Renewal not received | | | | | | | |
| | Damaged | | | | | | | |
| | Incorrect name | | | 2 × | | | | |
| | PIN | | | | | | | |
| | Change to payWave | | | | u u | | | |
| | Other | | Other (give details) | | | . v | | |
| I hereby apply for a Visa Card and Personal Identification Number (PIN) to be issued to me to enable me to access my accounts at authorised electronic banking terminals such as Automatic Teller Machines (ATMs) and point of sale terminals (EFTPOS). I agree to abide by the conditions of use supplied to me and acknowledge that my signature on this application form signifies my acceptance of these conditions of use. I request Orange Credit Union to deliver my PIN by mail, whereupon I will collect my Visa Card from the Orange Credit Union office and will complete the PIN/card acknowledgement form at this time. By linking a Visa Card to my account I am aware that I may increase the possible risk of loss. I may be liable should my card be used without my knowledge and consent, in particular if my linked account affords access to a line of credit. | | | | | | | | |
| I understand that this application | ation is subject to approval n is unsuccessful | l and l | will Signature | | | 2 | | |

Office Use only on reverse

| FRONT OFFICE USE ONLY | | | | | | | | |
|--|---------------|------------------------------|----------------------|----------|--|--|--|--|
| Received by: Op. No Date: | | - " A T A T | | | | | | |
| Member Signature Verified: Address details checked: (P & R) | | | | | | | | |
| If the address has been amended, please complete | section below | <i>'</i> : | | | | | | |
| Security questions asked and updated | Yes | ☐ No | Application: | | | | | |
| Address amended: (P & R - edit `Address Details | ') Yes | No | Approved | Declined | | | | |
| Other services notified (MyCard, QBE): | ☐ Yes | ☐ No | 12 | | | | | |
| Linked member address updated? | Yes | ☐ No | | | | | | |
| A/c type to be accessed: | | Team Leader Review (initial) | | Date: | | | | |
| | BACK OFFIC | CE USE ONLY | | | | | | |
| If Approved: Visa Card ordered: | Op. No. | Do | ate: | | | | | |
| Card No. | i e nigha | | School area sugar la | | | | | |
| | | | | | | | | |
| If Declined, Letter #17 sent out Date: | 1 1 21 | | | | | | | |