Credit Union Australia Limited
ABN 44 087 650 959 **AFSL NO.** 238317
Registered Office
175 Eagle Street, Brisbane, QLD 4000
GPO Box 100, Brisbane, QLD 4001
P 133 cua (133 282) **W** www.cua.com.au

BRANCH STAMP

TERM DEPOSIT APPLICATION

To lodge your term deposit, please read and complete sections A to E below. Please print details in black pen.

A

Complete name & address details (please print in capital letters)

SURNAME	GIVEN NAME(S)	MEMBERSHIP NO.	Office Use ROLE
1.			
2.			
3.			BRANCH NO.

Address: _____

_____ Postcode: _____

Occupation: _____ Contact Telephone No.: _____

Tax File No.: __ __ __ / __ __ __ / __ __ __ Tax File No.: __ __ __ / __ __ __ / __ __ __

It is not compulsory to lodge a Tax File Number (TFN) but tax may be taken out of your interest if you do not quote your TFN or claim an exemption. See the General Information, Terms and Conditions brochure for further TFN information. TFNs, if being supplied, are required for all parties to an account.

B

Select your investment option

PLEASE NOMINATE YOUR CHOICE:

Amount: $ _____ (and in words) _____

Term: _____ (years) _____ (months) Rate: _____ % p.a.

Pay interest: ☐ On maturity ☐ Monthly ☐ Annually (on 2 and 3 year terms the interest is paid monthly or annually only)

I am a: ☐ Retiree ☐ Platinum Plus Club member (please tick if appropriate)

C

Supply interest instructions

PLEASE INDICATE ACTION REQUIRED FOR PAYMENT OF INTEREST: (please tick box)

☐ Re-invest with original deposit on maturity. (Interest paid monthly or annually cannot be re-invested.)

☐ Credit CUA savings account number: | | | | | | | | |

☐ Forward a cheque to my/our mailing address.

D

METHOD OF DEPOSIT

Attach your cheque/cash or if transferring from another Credit Union Australia account, complete the following transfer authority and lodge at any Credit Union Australia branch.

I/We authorise Credit Union Australia to transfer $ _____ from my/our Everyday Account in the name of _____ , account number | | | | | | | | | to this term deposit.

E

Sign your name

I/We hereby make application for a term deposit with Credit Union Australia as indicated and agree to be bound by the terms and conditions as outlined in the General Information Terms and Conditions brochure.

Signed: _____ Dated: _____

Signed: _____ Dated: _____

OFFICE USE ONLY

Deposit by: ☐ Transfer ☐ Cheque ☐ Cash New Fixed Term A/c No.: | | | | | | | | | |

BKDEPappCUA1001_REV080823

TERM DEPOSIT RECEIPT

BRANCH STAMP

PLEASE NOTE

This is your interim receipt only. A Term Deposit Acceptance Certificate confirming your investment will be forwarded within ten days.

Received from: _____ the sum of $ _____

being the deposit lodged for a term of _____ years _____ months at the interest rate of _____ % p.a.

Date: _____ Signed: _____

For Credit Union Australia Limited. **ABN** 44 087 650 959