

Name _____

Member Number _____ Date of Birth _____

Mailing Address _____

Contact Telephone Numbers Wk _____ Mbl _____

Hm _____

ORDER DETAILS

Name to appear on Cheque Book:

Line 1 _____

Line 2 _____

Note: the name(s) of **all** account holders must appear on the cheque book**AUTHORISATION**

- 1 I/we declare that the information in this application is true and correct, and agree to the Terms and Conditions of Account Operation.
- 2 I/we authorise other credit providers and credit reference agencies to release at any time all personal information held by them about me/us.
- 3 I/we agree that United Credit Union may at its discretion close this cheque book facility at anytime by notice in writing to me/us.

MAIN ACCOUNT HOLDERS SIGNATURE _____ **DATE** _____**JOINT ACCOUNT HOLDERS SIGNATURE** _____ **DATE** _____**CREDIT UNION OFFICE USE ONLY**

- Account Holder(s) 18 years or older?
- Satisfactory credit report. (Manager may waive this requirement for well known, long time members)
- Member(s) has/have whole of pay with UCU and has/have operated account to satisfaction.
- 12 months in job or residence. (current or previous)

APPROVAL/DECLINE

Approved (within policy) _____ MANAGER Date _____

Approved (outside policy) _____ CEO Date _____

Declined _____ Manager/CEO Date _____

- Loaded cheque facility (CC20) Checked for issue and receipt of cheque book
- Altered name on cheque book (CC120) Posted/handed out wallet and confirmation letter