



APPLICATION FOR TARGET SAVER

APPLICANT

Name _____ Membership Number _____

Address _____

Telephone Home _____ Work _____ Mobile _____

Email _____

Tick appropriate boxes below

- Open with Initial Deposit of \$ _____
- Transfer from my Call Account Cheque enclosed
- Commence regular Deposits of \$ _____ WEEKLY / FORTNIGHTLY / MONTHLY
- commencing (date) _____

NOTES & CONDITIONS

1. Transfers will only be actioned provided there are sufficient funds available.
2. Loan repayments take precedence over Target Saver transfers.
3. Interest will be calculated on the minimum monthly balance and paid quarterly on 31 March, 30 June, 30 September and 31 December.
4. An investment statement for all unsecured deposits is available from UCU, PO Box 83009, Johnsonville, Wellington 6440

SIGNATURE _____ **DATE** _____

Return to UCU - FAX 04-477 9456 or 09-533 7434
 Post - PO Box 83009, Johnsonville, Wellington 6440 or PO Box 38 189, Howick, Manukau 2145



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