



APPLICATION FOR TELEPHONE BANKING

APPLICANT

Name _____ Membership Number _____

Address _____

Telephone Home _____ Work _____ Mobile _____

The **OUTSIDE** bank account I wish to register to receive my withdrawals is:

Bank	Branch	Account	Suffix
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ONLY ONE ACCOUNT MAY BE REGISTERED

CONDITIONS

1. A temporary PIN number will be allocated for initial log on. This PIN can be changed by you thereafter.
2. Phone Banking is available 24 hours a day and 7 days a week free of charge. Transfers will be made overnight and will appear in your registered account the following morning providing the request is made before 3:00pm Monday - Friday. Transfers made after 3:00pm will be held over and transferred the following night, or if made after 3:00pm on Friday they will be transferred overnight the following Monday.
3. In signing this form you agree that all Phone Banking external transfers from your UCUaccount will be deposited into the account recorded above. You understand that it is your responsibility to advise UCU in writing if you wish to change your registered account.
4. United Credit Union accepts no responsibility for funds deposited into accounts that have been closed or incorrectly advised.
5. Phone Banking may not be actioned overnight during some public holidays.

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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