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Queensland  
**PROFESSIONAL CREDIT UNION** Ltd  
ABN 81 087 651 045  
AFSL 239562

## APPLICATION FOR VISA DEBIT CARD & PIN

### A Membership Details

MEMBER NUMBER:

Is the Account held in Trust:  Yes  No

If Yes, Name(s) of Beneficiary(s):

Visa Debit Card Attached to:  S1 Account  S15 "GOLD" Account

### B Personal Details

#### PRIME MEMBER DETAILS

Dr  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname

Given Names

Other commonly known names (if any)

Date of Birth

Email

Tick if Visa Debit Card required in this name

Have you changed your address?  No  Yes. If yes, please complete your new details below

New Home Address  Postcode

New Postal Address  Postcode

#### JOINT MEMBER DETAILS (if applicable)

Dr  Mr  Mrs  Miss  Ms  Other \_\_\_\_\_

Surname

Given Names

Other commonly known names (if any)

Date of Birth

Email

Tick if Visa Debit Card required in this name

### C Terms and Conditions of Visa Debit Card and PIN

I/we hereby apply for the issue of the Visa Debit Card/s and Personal Identification Number/s (PIN) applicable to my/our Visa Debit Card/s to enable me/us to access my/our accounts at authorised electronic banking terminals such as Automatic Teller Machines (ATMs) and Electronic Funds Transfer Point of Sale (EFTPOS) terminals and by use of the Visa Debit Card/s to make other transactions including purchases, internet and telephone or mail orders placed by providing my/our Visa Debit Card number.

I/we acknowledge that I/we have read the terms and conditions of Visa Debit Card/s and Personal Identification Number/s (PIN) as detailed in the Product Description Statement provided with my/our Membership Information Folder and agree to abide by them at all times and that my/our signature/s on this application signifies my/our acceptance of them.

I/we hereby authorise the Queensland Professional Credit Union Ltd to use the personal information contained in this application for the purpose of processing this application.

### D Cancellation of QAccess Cuecard

From the time your Visa Debit Card/s acknowledgement of receipt is received by the Credit Union, your Cuecard/s will no longer operate, and you undertake to destroy your existing Cuecard/s by cutting them diagonally in half.

Note: If your Visa Debit Card and PIN is not received within 14 days of this request, you must notify your Credit Union immediately.

\*I/we declare that I/we have received the "General Advice Warning" and understand that the information given does not contain personal advice.

\*Please delete if not applicable

AUTHORISED SIGNATORIES (If a Visa Debit Card is required for both parties, both parties must sign)

**IMPORTANT:** I have been given (Tick appropriate box)  No advice  Personal Advice  General Advice  A General Advice Warning

Signature of  
Prime Member

Date

Signature of  
Joint Member

Date

I have received a Members Information Folder