

# Member Chequing Application



QPCU Limited T/A QBANK  
Level 1, 231 North Quay, Brisbane Qld 4000. PO Box 13003, George Street Qld 4003.  
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ABN 79 087 651 036 AFSL No. 241413

## Primary Member

Membership Number	<input type="text"/>				
Surname	<input type="text" value="Mr / Mrs / Ms / Miss"/>	Given Names	<input type="text"/>		
Postal Address	<input type="text"/>		Post Code	<input type="text"/>	
Telephone: Home	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>				

## Secondary Member

Membership Number	<input type="text"/>				
Surname	<input type="text" value="Mr / Mrs / Ms / Miss"/>	Given Names	<input type="text"/>		
Postal Address	<input type="text"/>		Post Code	<input type="text"/>	
Telephone: Home	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>				

## Member Chequing Details

ABN (if applicable)	<input type="text"/>
1. I/We require:	<input type="checkbox"/> a Personal Cheque Book; and/or <input type="checkbox"/> a Westpac Deposit Book on my/our <input type="text"/> account (e.g. S1, L72)
2. I/We authorise the persons whose names and signatures are set out below ("the Authorised Signatories") to sign cheques, credits and payment orders and to countermand cheques and payment instruments pursuant to the Member Chequing facility:	

Name/s (Including Applicant/s)	Signature/s	Signing Specification
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Any one signatory may sign
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> All signatories must to sign
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Other (specify below, e.g. 2 to sign)
<input type="text"/>	<input type="text"/>	<input type="text"/>

## Declaration & Authority

I/We acknowledge that I/we have received and read the QBANK General Information Terms & Conditions Booklet, and acknowledge that the use of the Member Chequing facility is subject to the Terms and Conditions as outlined therein, and any amendments thereto.

I/We acknowledge that I/we have read and understood QBANK's General Information Terms & Conditions Booklet including the QBANK Privacy Notice, and agree and consent to the collection, use and disclosure of personal information in this document for the purpose of the application and authority. This Notice must be read by each individual who signs this application form, including any guarantor or nominated account signatory.

Primary Member	<input type="text"/>	Secondary Member	<input type="text"/>	Date	<input type="text"/>
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## OFFICE USE ONLY

App No.	<input type="text"/>	Loaded by	<input type="text"/>	Date	<input type="text"/>	Cheque Book	<input type="text"/>	Deposit Book	<input type="text"/>
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# CHEQUE ACCOUNT SPECIMEN SIGNATURE(S)

Account Name


BSB

0	3	4	8	3	8
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Office Use Only

Link No (include CD if applicable)

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New Chequing Account

Variation to Existing Chequing Account  
(Link Number Retained)

One signature per box using BLACK INK ONLY

1.	2.	
3.	4.	
5.	6.	

**SIGNING SPECIFICATIONS**

Any one signatory to sign

All signatories must sign

Other (specify, e.g. 2 to sign)


AUTHORITY EFFECTIVE FROM

...../...../..... (office use only)



ABN 79 087 651 036

AFSL No. 241413

Institution Authorised Signature