

Authority to Open a QBANK Savings Account



QPCU Limited T/A QBANK
Level 1, 231 North Quay, Brisbane Qld 4000. PO Box 13003, George Street Qld 4003.
Phone: 13 77 28 Fax: 3236 2194. Email: info@qbank.com.au Website: qbank.com.au
ABN 79 087 651 036 AFSL No. 241413

This application can be used by existing QBANK members to open QBANK Savings Accounts.

If you are not already a QBANK member, a membership application pack is available from QBANK and on our website at qbank.com.au You do not need to complete this form.

If QBANK does not have your Tax File Number and you have not supplied a tax exemption form, Withholding Tax will be deducted from the interest earned.

Primary Member

Mr / Mrs / Ms / Miss		Membership Number	<input type="text"/>
Surname	<input type="text"/>	Given Names	<input type="text"/>
Date of Birth	<input type="text"/>	Mother's Maiden Name	<input type="text"/>

Secondary Member

Mr / Mrs / Ms / Miss		Membership Number	<input type="text"/>
Surname	<input type="text"/>	Given Names	<input type="text"/>
Date of Birth	<input type="text"/>	Mother's Maiden Name	<input type="text"/>

Selecting your Accounts and Access Facilities

I/We authorise QBANK to open the following QBANK Savings Account/s in the above name/s. I/We acknowledge that I/we have read QBANK's General Information Terms & Conditions Booklet.

Choice of Account Types

- | | |
|---|---|
| <input type="checkbox"/> S1 On Call Savings Account | <input type="checkbox"/> S9 Cash Management Account |
| <input type="checkbox"/> S6 Everyday Plus Account | <input type="checkbox"/> S12 Pension Plus Account |
| <input type="checkbox"/> S8 Christmas Club Account | <input type="checkbox"/> S20 NetLink Direct Savings Account |
| | <input type="checkbox"/> S70 Bonus Saver Account |

Choice of Access Facilities

- | | |
|--|---|
| <input type="checkbox"/> Visa Debit Card (available on S1, S6 and S12 accounts only) | <input type="checkbox"/> Internet Banking |
| <input type="checkbox"/> Cue Card (available on S1 accounts only) | Do you require a new internet password? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | <input type="checkbox"/> Phone Banking |
| | Do you require a new phone banking password? <input type="checkbox"/> Yes <input type="checkbox"/> No |

Joint savings account either to sign. We acknowledge that either party is able to complete withdrawal authorities.

If you have an existing Authority to Operate on your QBANK accounts, would you like it extended to this/these account/s?

- Yes No

Do you consent to receiving your statements and notices via online banking and agree to check your statements regularly?

- Yes No

If yes, please enter your email address

Authority

I/We acknowledge that I/we have read the QBANK General Information Terms & Conditions Booklet, and acknowledge that the use of QBANK Internet Banking is subject to the Terms and Conditions as outlined therein, and any amendments there to.

I/We acknowledge that I/we have read and understood QBANK's Privacy Notice as outlined in the QBANK General Information Terms & Conditions Booklet, 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 Signature

Secondary Member Signature

Date

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Office Use Only

Loaded by Date Checked by Date