

Account access application

Complete this application for a Visa Debit card or to set up periodical payments.

- ▶ All cards and the Personal Identification Number (PIN) will be issued to each individual and sent separately by mail.
- ▶ If you are applying for a card on a joint account and the signing authority is both to sign, Visa Debit cards cannot be issued.
- ▶ For individual account access, complete the first account holder details only. For joint account access, complete both sections.

What are your personal details?

First account holder

| | |
|---|---------------------------------|
| Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other <input type="text"/> | Member no. <input type="text"/> |
| Given names <input type="text"/> | Last name <input type="text"/> |

Second account holder

| | |
|---|---------------------------------|
| Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other <input type="text"/> | Member no. <input type="text"/> |
| Given names <input type="text"/> | Last name <input type="text"/> |

What access would you like?

Card requirements

First account holder

Visa Debit card

The card and PIN will be delivered to your mailing address.

Second account holder

Visa Debit card

The card and PIN will be delivered to your mailing address.

Periodic payment requirements (for multiple periodic payments please photocopy this form)

It's easy to set up and manage periodical payments free of charge in internet banking. Alternatively, you can contact us to set up or change your periodical payments for a fee. Please refer to the Fees and Charges brochure.

From account Everyday/Everyday Direct account Bill Paying account

Start date End date OR Until further notice

Amount \$

Frequency Weekly Fortnightly Monthly Quarterly Annually Other

Payment method

a) BPAY Biller code Biller name Client reference no.

b) EFT Bank name Branch BSB
 Account name Account no. Reference (optional)

c) Transfer to a Teachers Mutual Bank Limited account

Member no. Account

Signature and date

Refer to the Fees and charges brochure for details on fees and charges.

First account holder

| | |
|--------------------------------|---------------------------|
| Signature <input type="text"/> | Date <input type="text"/> |
|--------------------------------|---------------------------|

Second account holder

| | |
|--------------------------------|---------------------------|
| Signature <input type="text"/> | Date <input type="text"/> |
|--------------------------------|---------------------------|

**Office use
only**

| | |
|-----------------|----------------------|
| Member no | <input type="text"/> |
| Operator no | <input type="text"/> |
| Date actioned | <input type="text"/> |
| Sig verified by | <input type="text"/> |

Returning this form



Teachers Mutual Bank Limited, Reply Paid 7501 Silverwater NSW 2128



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