



Member Number

debit card application

PO Box 585 Hamilton 3240 • firstcu.co.nz • Welcome@firstcu.co.nz

Personal details

What is your postal address?

POST CODE

What are your phone numbers?

What is your date of birth?

Age 15-17

Yes*

No

*If applicant is aged between 15-17 years of age, please complete Parent/Guardian section on reverse.

Debit Card Details

How you would like your name to appear on your debit card?

Eg.

Eg.

Eg.

Tick here if you would like us to cancel your previous Debitcard.

Card Number

Debit Card Terms and Conditions

I/we hereby apply for a Debit Card and Personal Identification Number (PIN) to be issued to me to enable me to access my Credit Union account(s) at authorised electronic banking terminals, such as Automated Teller Machines (ATMs) and Point of Sale Terminals (Eftpos); at merchants displaying the Mastercard® symbol; online internet transactions; telephone transactions; contactless technology terminals in both New Zealand and overseas.

I/we declare that the information above is true and correct to the best of my knowledge. Failure to provide all requested information by me/us may result in this application being declined.

I/we also confirm that I/we have read, understood and agreed to abide by the:

- i. Debit Card conditions of Use
- ii. Personal Banking Terms and Conditions for accounts linked to the Debit card
- iii. Rates and Fees Schedule applicable for the issue and use of the Debit card.

I/we acknowledge that First Credit Union will collect, use and disclose personal information about me/us for the purposes of determining whether to provide (and thereafter continue to provide) a Debit Card to me/us, comprehensive credit reporting, being able to open and operate accounts; administering, managing and monitoring any products and services provided to you by your Credit Union, credit assessment and control and debt recovery purposes, for marketing and promotional purposes, generally to do business with me/us and conducting market research, data processing and statistical analysis.

I/we authorise First Credit Union to obtain information from, and disclose information to, its related companies, credit reporting agencies and debt collection agencies for the above purposes. Information disclosed to credit reporting agencies (including default information) will be held by each agency on its system, accessed by the customers of the credit reporting database and used to provide its credit reporting services (including the maintenance of credit information files and supplying the information to other customers of the relevant credit reporting agency). I/we acknowledge our rights under the Privacy Act 1993 to access and correct personal information held by us and to update personal contact details such as residential or email address or telephone numbers as they change.

I/we consent to commercial electronic messages from First Credit Union for any of the purposes set out in the privacy clauses above.

I/we confirm that should we not want to receive promotional material from First Credit Union at any time, I will inform First Credit Union in writing and they will not send promotional material.

I/we acknowledge that my signature on this application form signifies my unconditional acceptance of the above details and undertaking provided herein and agreement to all applicable terms and conditions relating to the Debit card. I understand that my application is subject to confirmation of acceptance. Upon my Debit card becoming overdrawn I acknowledge that all shares and deposits held with First Credit Union in my name may be utilised towards payment of any debt incurred through my use of the Debit card.

*Eligible accounts are transactional or savings accounts, that you have at First Credit Union.

Signature

Today's date

Parent/Guardian Section (if any applicant is aged between 15-17 years old)

FIRST NAMES

LAST NAME

I am the Parent / Guardian of the applicant named above and request that [Name of Issuer] issue a Debit card to the applicant. I confirm and agree that I will ensure the applicant understands the Debit Card Terms and Conditions of Use and fully indemnify the issuer against all claims, damages, demands, costs and expenses which the issuer may suffer as a result of the failure of the applicant to comply with any terms and conditions applicable to the operation and use of the accounts. I understand the account can be used for online purchases and understand any indemnity may be revoked by cancellation of the Debit card and full payment of any outstanding amounts incurred from its use.

Signature

Today's date

Office Use Only

ACCOUNT TYPE

CARD NUMBER

- Debit Card Conditions of Use and Rates and Fees Schedule given to member
- Member has provided ID for their details and signature
- Card Issue details input into system
- Member advised they will need to collect from branch in 3 working days
- Member contacted and advised of cards arrival
- Update AD109
- Card collected and pinned
- Member advised to activate card in ATM

Processed by

Today's date