

## Application for a Police Credit Cheque Book

I would like to:

- Apply for a Police Credit Cheque Book
- Update signatories
  - change name
  - adding or removing an account holder
  - adding or removing an authority to operate

**Application for a Cheque Book**

Prior to applying for an access service, we recommend you read our Financial Services Guide and the relevant Product Disclosure Statement and our General Information, Terms & Conditions booklet to obtain all the relevant information and terms and conditions of use.

Member number	Account type eg S1 , S10 or L9
<input type="text"/>	<input type="text"/>

Your cheque book will be allocated to the S1, S10 and L9 account type under this membership.

Full Name/s

If the account is operated jointly by more than one person, please state names of all account holders.

Date of Birth

Residential address

Postcode

Mailing address (if different from above)

Postcode

Telephone (business/home/mobile)

The cheque book will be issued in the name or names of the account holder/s. If a joint account is operated, the cheque book will be issued in joint names, not individual names. To ensure members are not inconvenienced of being without a cheque book, all future cheque books will be re-ordered automatically.

Please note all withdrawals made using this book will be allocated to your nominated account/s. All persons signing the Specimen Signatures must be currently authorised to operate the nominated account/s.

**Important: Our service provider requires that a CHEQUE ACCOUNT SPECIMEN SIGNATURE FORM be completed before you receive your cheque book.**

The name of the account holder/s is to be inserted in 'Account Name', each account holder and any authorised signatories must sign the form in **BLACK INK ONLY** and you must indicate (by ticking) the signing specifications.

Note - if your nominated account/s is currently one to sign, your cheque book signing specifications must be the same, if your nominated account/s is all parties to sign, your cheque book must be all parties to sign. The remaining sections will be completed by the Credit Union.

**DO NOT FOLD** the **CHEQUE ACCOUNT SPECIMEN SIGNATURE FORM** in or through the specimen signatures.

I acknowledge having received a copy of the Privacy Statement, contained within the Financial Services Guide of Police Credit.

I authorise Police Credit to use personal information contained in this application for the purpose of considering this application, and if accepted, supplying and administering the facility, products and services to me for which I have applied.

**Anti-Money Laundering and Counter Terrorism-Financing Act**  
I also declare that all information contained in this application is true and correct and I make this solemn declaration conscientiously believing the same to be true. It is an offence under the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (AML/CTF Act) to give false and misleading information. I understand Police Credit will collect personal information from me as required by the AML/CTF Act and that it may take steps to verify the personal information it has collected. I consent to the collection, use, handling, disclosure and verification of personal information as required by the AML/CTF Act. I understand that if I provide Police Credit with incomplete or inaccurate information that Police Credit may not be able to provide me with the products/services that I am seeking.

I understand that in order for Police Credit to supply the facility, products and services to me for which I have applied, it may be necessary for Police Credit to provide personal information contained in this application form to third parties used by Police Credit and it's service providers.

I acknowledge that I have read, understood and accepted the terms and conditions applying to this service by signing this application.

Account Holder's Signature

Date / /

Joint Account Holder Signature

Date / /

**OFFICE USE ONLY**

	Initials	Branch	Date
PDS NCP issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
PDS F&C issued	<input type="text"/>	<input type="text"/>	<input type="text"/>
AML KYC verified	<input type="text"/>	<input type="text"/>	<input type="text"/>

Date Ordered \_\_\_\_\_ Link no. \_\_\_\_\_

Name \_\_\_\_\_ Op no \_\_\_\_\_

Completed Officer's Signature

**CHEQUE ACCOUNT SPECIMEN SIGNATURE(S)**

Account Name	BSB <b>0 3 4 8 2 8</b>	Link No (include CD if applicable) <input type="text"/>
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New Account  Variation to Existing Account (Link Number Retained)

**One Signature per box using BLACK INK ONLY**

1.	2.	SIGNING SPECIFICATIONS  <input type="checkbox"/> Any one to sign  <input type="checkbox"/> All parties to sign  <input type="checkbox"/> Others (specify)  <input type="text"/> <input type="text"/>
3.	4.	
5.	6.	

AUTHORITY EFFECTIVE FROM ..... / ..... / .....

<b>Police Association Credit Co-operative Limited</b> ABN 33 087 651 661	<input type="text"/>
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Financial Institution Name

Financial Institution Authorised Signature