



# transaction / savings account application

**Member Details**

Member Number

Full Name / s

*(For a Joint Account, please write both names)*

**Contact Details**

Residential Address

State  Postcode

Postal Address *(if different from above)*

State  Postcode

Email Address

Telephone Mobile  Home  Work

**Account Details**

I / We wish to open the following accounts:

Everyday Account (S1.1)    
  Budget Account (S2)    
  Christmas Club (S3)    
  Cash Management (S10)

Bonus Saver (S98)    
  Online Saver (S99)    
  First Access (S18.1)    
  First Saver (S19)

I / We wish to receive a Deposit Book for use at CBA branches

**How would you like to operate this account?**

Any one to sign    
  Two to sign – Where 2 or more signatures are required to operate this account, some access channels may not be available

Refer to the Terms and Conditions available at our branches, on our website [www.victeach.com.au](http://www.victeach.com.au) or by contacting us on **1300 654 822**. These documents should be considered before acquiring a product. The Mutual Banking Code of Practice applies.

**Deposit Details**

I / We wish to set up a regular transfer for the amount / s below from:

Account Number  Commencing on  /  /

	\$ Amount:	Every week / fortnight / month:	\$ Amount:	Every week / fortnight / month :
<input type="checkbox"/> Everyday Account (S1.1)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Bonus Saver (S98)	<input type="text"/>
<input type="checkbox"/> Budget Account (S2)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Online Saver (S99)	<input type="text"/>
<input type="checkbox"/> Christmas Club (S3)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> First Access (S18.1)	<input type="text"/>
<input type="checkbox"/> Cash Management (S10)	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> First Saver (S19)	<input type="text"/>

**Please sign over page**

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**Tax File Number**

Tax File Number or Exemption Code

**Your Privacy**

The information you provide in this form is used primarily to process this application. If you do not provide the information requested, we may not be able to process your application / request.

**Our Use of Your Personal Information**

We may use this information for some secondary purposes including:

- Managing the provision of services and enforcing our rights in connection with such services.
- Marketing the services of Victoria Teachers Credit Union, including banking, financial planning and insurance services.
- Marketing any services which we provide with any of our commercial affiliates; and
- Developing an understanding of the products and services you may be interested in receiving from us or our subsidiaries.

**Our Disclosure of Your Personal Information**

We may disclose your personal information in the following circumstances:

- To our contractors and services providers (such as a mail house or commercial agent).
- To our subsidiaries.
- To an insurer who provides insurance to you or to us in respect of risks relating to you.
- Where we are otherwise permitted by law; and
- We do not sell, rent or lease any information about you to a third party, including e-mail listing marketing or market research companies.

Your information will be handled strictly in accordance with our Privacy Policy available at our website [www.victeach.com.au](http://www.victeach.com.au) and at branches on request. You may request access to the information we hold about you.

We will comply with the National Privacy Principles set out in the Privacy Act 1988 (Commonwealth).

If you provide information about any other person, such as a relative or referee, you agree to tell them:

- That you are providing this information to us.
- Of our contact details on this form.
- The reason you are providing their information.
- If they are a referee, the fact that we may not approve your application without the information; and
- The fact that the information may be disclosed as set out in this form.

We may use the information we have collected from you to verify your identity through the use of third party electronic data service providers.

By signing this application (including where you sign as signatory) you consent to the collection, use, disclosure and verification of your information as detailed above.

I / We certify the details on this form to be true, and apply for this product / service in accordance with all Terms & Conditions (and any amendments or additions made to them) as detailed in the Terms and Conditions.

Signature

Signature

Date

Date

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