



Debit Mastercard® Application

Applicant's personal details

Form fields for personal details including Surname, First names, Membership Number, Postal address, Email Work, Email Home, Work Phone, Home Phone, and Mobile Phone.

Card Details. I am applying for:

Form fields for card details with checkboxes for: A new Debit Mastercard® for myself, A replacement Debit Mastercard® for myself, and I have an Authority to Operate / Power of Attorney in place and wish to order a Debit Mastercard to access an account in the name of: (with Name and Member Number fields).

Account Details: Your Debit Mastercard® can only operate on one account. This is either your Transactional account or your Future Saver account.

Form fields with checkboxes for: I want to access my S1 Transactional Account and I want to access my S7 Future Saver Account.

Debit Mastercard® Terms and Conditions

- 1. I hereby apply for a Debit Mastercard® to be issued to me to enable me to access my Credit Union accounts at authorised electronic banking terminals such as Automated Teller Machines (ATMs) and Point of Sale terminals (EFTPOS).
2. I confirm that I will read, understand and agree to abide by the Credit Union's Cardholder Terms and Conditions of Use governing the use of the Debit Mastercard® at the time of issue and as amended from time to time.
3. I acknowledge that my signature on this application form signifies my unconditional acceptance of the above details and undertaking provided herein.
4. I understand that my application is subject to confirmation and acceptance.
5. Should my accounts become overdrawn without prior approval from the Credit Union due to the use of my Debit Mastercard®, I acknowledge that all shares and deposits held with the Credit Union in my name may be utilised (set off) towards payment of any debt incurred through my use of the Debit Mastercard®

Confirmation of Identity: The Police Credit Union is, required to verify your identity and the identity of any additional card holder(s) and certain other information provided on this form prior to issuing this Debit Mastercard.

We will contact you if we require any additional information.

Signature and Date fields.

Once completed please print, sign and return to the Police Credit Union, via email to info@policecu.org.nz or by mail to PO Box 12344, Wellington, 6144 or DX SX11257.