

# Account access application

Complete this application for a Visa Debit card, cheque book, deposit book 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.
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.
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.

### Deposit and cheque book requirements

#### Cheque book:

- What size cheque book would you like?  25 cheques  50 cheques (Business accounts only)  
Cheque signing authority (for joint accounts)  Either to sign  Both to sign

#### Deposit book:

- For use at NAB branches only. I would like a deposit book  Yes  No

### 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 account

Member no.  Account

## Signature and date

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

### First account holder

Signature

Date

### Second account holder

Signature

Date

Office use  
only

Member no

Operator no

Date actioned

Sig verified by

## Returning this form



Teachers Mutual Bank, Reply Paid 7501 Silverwater NSW 2128



(02) 9704 8203



epays@tmbank.com.au

## Please sign here for our cheque signatory verification

### First account holder

Signature

Date

### Second account holder

Signature

Date