



Application For Membership

How to apply - print this form out and either fax, post or come in and talk to us

PERSONAL DETAILS

Mr Mrs Miss Ms

First Name(s) _____

Surname _____

Mother's maiden name _____

Date of birth _____

IRD Number

CONTACT DETAILS

Home address _____

Postal or other permanent mailing address

Phone number: day time 0- _____

home 0- _____

mobile _____

email _____

fax _____

PIN NUMBER

Choose your own PIN number for telephone balances

5 digits required

(can not start with 0)

EMPLOYMENT DETAILS

Employer _____

Occupation _____

WOULD LIKE TO OPEN THE FOLLOWING ACCOUNT

e-Cash Account \$ _____

Loan Provider \$ _____

Christmas Club \$ _____

Money Management \$ _____

Term Savings \$ _____

Kids Account \$ _____

Insurance \$ _____

Other \$ _____

I hereby authorise my pay clerk to deduct \$ _____

from my pay each week fortnight month

and deposit into my new FCECU account until further notice in writing.

IDENTIFICATION - 2 TYPES REQUIRED

Photocopies of the forms of identification are required.

1. Type _____

Number _____

2. Type _____

Number _____

Name of referee: _____

DECLARATION

I hereby subscribe for at least one share in the Fletcher Challenge Employees Credit Union on the terms and conditions set out in its most recent investment statement, a copy which I have received. As a member of the Credit Union I agree to comply with its rules and to make regular savings to my account.

I have been made aware of the need to collect this information for the purpose of conducting the normal day to day business activities of the Fletcher Challenge Employees Credit Union, and for the promotion of Products and Services of the Fletcher Challenge Employees Credit Union and those of selected third parties as per principle 3.3 of the Privacy Act 1993.

Signature _____

PAYROLL DEDUCTION INTO MY NEW ACCOUNT

OFFICE USE ONLY

ACCOUNT NUMBER

PAYROLL NUMBER