



APPLICATION FOR REDICARD

Date _____

Member Number

First Name/s _____

Surname _____

Street Address _____

Suburb _____

Postcode

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Home Number _____ Work Number _____

**Please ensure your address matches the address we have on the Credit Co-operative's database.
As this is the address where your *Redicard* and PIN will be sent.**

1 (a) I hereby apply for a *Redicard* and Personal Identification Number (PIN) to be issued to me to enable me to access my accounts at authorised Electronic Banking Terminals such as Automatic Teller Machines (ATM) and Point of Sale Terminals (EFTPOS), or

(b) I request a replacement card. The reason I need a replacement card is:

2 I agree to abide by the conditions of use (a copy of the conditions of use can be obtained from one of the staff) and acknowledge that my signature on this application signifies my acceptance of these conditions of use.

3 I understand that my PIN and Redicard will be delivered separately by mail to my address. Before I can use my Redicard I must take the PIN acknowledgement card to the Fitzroy and Carlton Community Credit Co-operative Ltd. On receiving the signed acknowledgement card, FCCC will activate the system which will allow me to use my Redicard.

4 The cost of the Redicard is \$12.00 per annum.

I understand and agree that FCCC may debit \$12.00 from my account upon receiving this application form. I understand that I will be charged for any replacement cards I request.

5 All ATM transactions will cost .45 cents

6 All EFTPOS transactions will cost .45 cents

Many EFTPOS locations will allow cash transactions. Please check with the retailer.

7 Rejections will cost \$1.00

I understand that the FCCC will charge me if my Redicard is rejected for any transaction (such as incorrect PIN number or insufficient funds in the account).

Please note: The banks charge FCCC for every ATM and EFTPOS transaction, including rejections. We can only provide *Redicard* services if we pass on all the charges.

Prime Applicant Signature

Joint Applicant Signature

OFFICE USE ONLY

- 1 The address matches the address on the FCC database
- 2 The Redicard Conditions of Use have been given to the member
- 3 The member is aware the Redicard will be mailed to their address
- 4 The member is aware the PIN will be mailed separately to their address
- 5 The member is aware of the conditions regarding the confidentiality if their PIN number
- 6 The member is aware of the procedures for reporting lost or stolen cards

Staff Signature _____ Date _____

- 1 Redicard application has been processed
- 2 Fee has been charged
- 3 Original card deleted at switch (if applicable)

Staff Signature _____ Date _____