

Agent Name: Teachers Credit Union Phone: 13 12 21

Consultant: _____ Fax: (02) 9704 8251

Cardholder Information

First Name: _____
(please print)

Surname: _____
(please print)

Street Address: _____

City: _____ State: _____

Postcode: _____ Country: _____

Cardholder's Date of Birth: _____ Cardholder's Phone Number: _____

Cardholder's Mother's Maiden Name: _____
(please print)

Repurchased Cash Passport Card Numbers:

Please credit my bank account directly. I give Travelex authority to credit my account on this occasion by signing this form and providing details below:

Cardholder's Signature _____

Bank Name: _____ Account Name: _____

BSB: _____ Account Number: _____

Office Use Only

Cash Out Amount:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

 Date: _____

Approval Number _____ Initials: _____

Payment Method _____ Refund Amount:

AUD

Please note that encashment fee applies and that the card cannot be used again once it has been encashed. A foreign exchange margin applies for foreign currency Cash Passport Cards.
Travelex Phone: 1800 673 453 Fax: 03 9282 0302
Teachers Credit Union, a trading division of NSW Teachers Credit Union Ltd. ABN 30 087 650 459 AFSL No 238981