

Edvest membership acceptance form

Personal details

Member no

Title Mr Mrs Ms Miss Other

First name

Middle name

Surname

Residential address (mandatory)

Unit/Floor/Street no

Street

Suburb/Town

State

Postcode

Mailing address (if same as residential write 'as above')

Home phone

Work phone

Email address

I am:

Over 50

OR

Medically retired. (Note: we require supporting documentation)

Membership fee payment options

Please tick preferred payment option:

Please deduct the pro-rata payment for my Edvest membership fee from my account on the above member number;

OR

Please deduct the pro-rata payment for my Edvest membership and future annual Edvest membership fees from the account on my other account, member number


OR

I have attached a cheque for the necessary amount.

Please note: if paying by cheque it will need to be a cheque from **another financial institution** made payable to yourself. Otherwise simply tick the box enabling us to deduct the fee directly from your account. Call **13 12 21** for the pro-rata fee applicable in the month you join.

Please return this form by:

 **Mail:** Teachers Credit Union, Reply Paid 7501, Silverwater NSW 2128

 **Fax:** (02) 9704 8209

 **Email:** edvest@teacherscreditunion.com.au

Declaration

I hereby authorise you to deduct my annual non-refundable Edvest membership fee from the above account in January each year until I withdraw this authority in writing. I will ensure I have the necessary funds in this account. I understand benefits cease when my fees are unpaid. I understand that Edvest benefits do not extend to Business or Corporate Accounts. If you hold equivalent non-Edvest accounts on joining Edvest, you will need to apply to have them transferred to Edvest accounts.

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

Signature

Date

Insurance details

Take advantage of the Teachers Credit Union Insurance discount. Fill in your insurance details below so that we can contact you with a quote and more information closer to your next renewal date.

Type of insurance

Motor vehicle

Renewal date

Current insurer

Building

Renewal date

Current insurer

Contents

Renewal date

Current insurer

Please send me more information (including application forms) on:

RediCredit

Edvest term deposit

Other (please specify)