TEACHERS CREDIT UNION

Term deposit alteration

Member No

Title | Given names | Surname

Postal address | Postcode

Home phone | Work phone | Mobile phone

Deposit no | Amount $ | Maturity date

I/We wish to alter my/our term deposit on ☐ maturity OR ☐ prior to maturity in the following way:

Refer to our Fees and Charges and Privacy Policy brochure or our internet site for details on our Privacy Policy.

Signature(s) | Date

Please return this form:
By mail to: Teachers Credit Union, Reply Paid 7501, Silverwater NSW 2128
By fax to: (02) 9704 8248

OFFICE USE | Name | Operator Number | Details