

Membership/Account Application - Individuals



Use this form to set up a Gateway Membership for an individual/s.

Gateway is a Member-owned financial institution administered by a Board of Directors.

Joining is simple, we can even deduct your \$2.00 share subscription from your first deposit.

Important Notes

- To apply for Gateway Membership and the Gateway Deposit Accounts and Access Facilities - please complete all Parts (A, B, C, D & E).

- Provide copies of identification documents outlined in Part E.

Please print and send your completed form to: Gateway Credit Union, PO BOX 3176, Sydney NSW 2001

Important information: You will not be able to save partially completed forms.

Gateway Credit Union Ltd
ABN 47 087 650 093
AFSL/Australian Credit
Licence Number 238293

*Denotes Mandatory Field

PART A: Your Details

Applicant 1

Applicant 2 (if applicable)

Personal Details

Member No.* (if an existing Member)

Title* Mr Mrs Ms Other

Name(s)*

Last Name*

Gender* Female Male

Date of Birth* DD MM YYYY

Occupation*

Country of Residence* (for tax purposes)

Are you a U.S resident for tax purposes or a U.S citizen?* Yes No

Residential Address*

Mailing Address Same as residential

Contact Details*

Phone
Country Area Number

Email

Personal Details

Member No.* (if an existing Member)

Title* Mr Mrs Ms Other

Name(s)*

Last Name*

Gender* Female Male

Date of Birth* DD MM YYYY

Occupation*

Country of Residence* (for tax purposes)

Are you a U.S resident for tax purposes or a U.S citizen?* Yes No

Residential Address*

Mailing Address Same as residential

Contact Details*

Phone
Country Area Number

Email

Tax File Number or Exemption

or Exemption

Please note: It is not compulsory to quote a Tax File Number (TFN) but tax may be deducted from your interest if you do not quote your TFN, Australian Business Number or claim an exemption. For more information about the use of TFNs, please contact the Australian Taxation Office.

Tax File Number or Exemption

or Exemption

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PART B: Choose your Accounts and Services

Select Your Account/s

- Everyday Savings Account
- Edge Account (no overdraft[^])
- eMax Saver Account
- Dollaroo Savings Account (available to under 16 year olds)
- Funeral Saver Account (Must complete sections: 'Payment of your Initial Deposit' & 'Your Regular Savings Plan')
- 100% Loan Offset Account
- Christmas Club Savings Account
- Term Deposit (Complete 'Your Term Deposit Details' below)

[^]For Edge overdraft please complete Consumer Loan Application form.

Select Your Service/s

- Online Banking
- CUE Call (Telephone Banking)
- Visa Debit Card linked to:
 - Everyday Savings Account
 - OR
 - Edge Account
 - OR
 - 100% Loan Offset Account

Method of Operation

Note: If no selection is made, the method of operation defaults to 'Both to sign jointly'. Online Banking can only be accessed if 'Either to sign' is selected.

- Either to sign
- Both to sign jointly
- Other - please specify

Your Term Deposit Details

Deposit Amount \$

3 mths
 6 mths
 12 mths
 24 mths
 36 mths
 48 mths
 60 mths

Interest Payment Instructions

Compound
 Pay by cheque
 Transfer to BSB

 -

Account Name Account Number

Interest Payment Frequency

- Monthly
- Six monthly
- Annually*
- At maturity#

* For terms of 12 months or greater, interest must be paid at least annually. # For terms 12 months or less.

Identification - Applicant 1

Please nominate a password/s to quote over the phone for identification purposes.

(Applicant 1)
Nominated Password

Please provide identification documents for each applicant as outlined in Part E.

Identification - Applicant 2

Please nominate a password/s to quote over the phone for identification purposes.

(Applicant 2- if applicable)
Nominated Password

Please provide identification documents for each applicant as outlined in Part E.



PART C: Tell us Your Payment and Savings Instructions

Payment of Your Initial Deposit (Minimum \$200 required for Funeral Saver Account)

Please process the initial deposit amount of \$ plus \$2 for each new Member (the Membership subscription price for one share) (if applicable) by:

- Debiting my/our Gateway account Cheque attached
- Debiting my/our account at another financial institution by Direct Debit (Gateway Credit Union User ID No. 049220):

Bank Name	<input type="text"/>	Bank Address	<input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		BSB	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

The terms and conditions for Direct Debits are set out in the 'Gateway Deposit Accounts and Access Facilities General Conditions of Use' available at www.gatewaycu.com.au and the Direct Debit Request Service Agreement in Part F. By signing this Direct Debit Request you acknowledge that you have read and understood the Terms and Conditions governing the debit arrangements between you and Gateway.

Account Holder	Joint Account Holder (complete if applicable)
Signature* <input type="text"/>	Signature* <input type="text"/>
Print Name* <input type="text"/>	Print Name* <input type="text"/>

Note: If joint account, all accounts holders must sign - if more than 2 account-holders, please photocopy this page and attach to this form

Your Regular Savings Plan* - Direct Debit Request (Mandatory for Funeral Saver Account)

I/We request and authorise Gateway Credit Union (User ID Number 049220), until further notice, to transfer funds detailed below by:

- Debiting my/our Gateway account
- Debiting my/our account at another financial institution by Direct Debit:

Bank Name	<input type="text"/>	Bank Address	<input type="text"/>
Account Name	<input type="text"/>	Account Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		BSB	<input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>

Regular Transfer Amount \$ (Minimum \$25 required for Funeral Saver Account)

Transfer funds to:*	Frequency*
<input type="checkbox"/> Everyday Savings Account	<input type="checkbox"/> Weekly
<input type="checkbox"/> eMax Saver Account	<input type="checkbox"/> Fortnightly
<input type="checkbox"/> Edge Account	<input type="checkbox"/> Monthly
<input type="checkbox"/> Dollaroo Savings Account	Start Date of Savings Plan:
<input type="checkbox"/> 100% Loan Offset Account	DD <input type="text"/> MM <input type="text"/> YYYY <input type="text"/>
<input type="checkbox"/> Funeral Saver Account	
<input type="checkbox"/> Christmas Club Savings Account	

The terms and conditions for Direct Debits are set out in the 'Gateway Deposit Accounts and Access Facilities General Conditions of Use' available at www.gatewaycu.com.au and the Direct Debit Request Service Agreement in Part F. By signing this Direct Debit Request you acknowledge that you have read and understood the Terms and Conditions governing the debit arrangements between you and Gateway.

Account Holder	Joint Account Holder (complete if applicable)
Signature* <input type="text"/>	Signature* <input type="text"/>
Print Name* <input type="text"/>	Print Name* <input type="text"/>

Note: If joint account, all accounts holders must sign - if more than 2 account-holders, please photocopy this page and attach to this form



PART D: Conditions and Authorisation

Membership/\$2 Fully Paid Share (applicable to new Members only)

I/We apply to become a Member of Gateway Credit Union ("Gateway") and to each be allotted one \$2 share. I/We authorise Gateway to deduct \$2 for each of us from my/our initial deposit, being the subscription price for one share.

Constitution:

I/We agree to be bound by Gateway's Constitution, and any amendment thereof, lodged in accordance with the Corporations Law.

Financial Report:

Gateway will not send me/us its financial reports unless I/we ask them to. I/We can do this by telling Gateway.

Terms & Conditions of Use:

I/We agree to receiving the following documents by accessing them at www.gatewaycu.com.au:

- **Gateway Deposit Accounts and Access Facilities General Conditions of Use** which incorporates the **Fees and Charges and Transaction Limits** and the **Summary of Deposit Accounts & Availability of Access Facilities**
- **Financial Services Guide**

I/We acknowledge that Gateway's **'Your Privacy'** brochure, which details Gateway's privacy processes, is available at www.gatewaycu.com.au or by calling our Member Services on 1300 302 474.

Electronic verification

Under the AML/CTF Act, we can disclose your name, residential address and date of birth to a credit reporting body. The purpose of this disclosure is to ask the credit reporting body to assess whether the personal information disclosed matches (in whole or part) personal information about you held in their records (if any). This electronic verification process helps us to verify your identity.

The credit reporting body may prepare and provide us with an assessment by using the personal information about you and the names, residential address and dates of birth contained in its records about other individuals.

In addition, if you provide us with one of these documents to verify your identity [Australian Passport, state driver licence, Medicare card, citizenship certificate] we may verify the details with the issuer.

If you do not consent to us verifying your identity by electronic verification or the details of your identification documentation with the issuer, we will provide you with an alternate verification process to identify you. If this is the case, please contact us on **1300 302 474** for further information.

Please be aware that:

- You will be bound by the General Conditions of Use when you first use an account or access facility.
- Your signature on this form will also be used by Gateway to verify your signature for future transactions.

Applicant 1*

Applicant 2

Signature*	<input type="text"/>	Signature*	<input type="text"/>
Print Name*	<input type="text"/>	Print Name*	<input type="text"/>
Date*	<input type="text"/>	Date*	<input type="text"/>

PART E: Individuals Identity Certification

Please provide a copy of the following identification documentation with your application for Membership:

- Medicare Card PLUS Drivers Licence^ OR Passport^

For Minors (under 18 years of age):

- Birth Certificate^ OR Passport^

^If not in English, an English translation is required by an accredited translator.

NOTE: If you don't have the above forms of identification, please contact us to discuss a suitable alternative.

PART F: Individuals Identity Certification

Please provide send completed form to:

Gateway Credit Union, PO BOX 3176, Sydney NSW 2001

or scan and email to memberservices@gatewaycu.com.au



PART F: Direct Debit Request Service Agreement

1. DEBITING YOUR ACCOUNT

1.1 By signing the Direct Debit Request, you have authorised us to arrange for funds to be debited from your account. You should refer to the Direct Debit Request and this agreement for the terms of the arrangement between us and you.

1.2 We will only arrange for funds to be debited from your account as authorised in the Direct Debit Request. We will not issue individual confirmations of payments made.

1.3 If the debit day falls on a day that is not a business day, we may direct your financial institution to debit your account on the previous or following business day. If you are unsure about which day your account has been or will be debited, please check with your financial institution.

2. CHANGES BY US

2.1 We may vary the terms of this agreement or a Direct Debit Request at any time by giving you at least thirty (30) days written notice.

2.2 We reserve the right to:

- (a) cancel the Direct Debit Request if any debit is returned unpaid by your financial institution; and
- (b) refuse future Direct Debit Requests.

3. CHANGES BY YOU

3.1 Subject to clauses 3.2 and 3.3, you may defer a debit payment or change the arrangements under a Direct Debit Request by giving us 30 days notice in writing, signed by you, of the deferral or change.

3.2 If you wish to stop a debit payment you must notify us in writing at least 30 days before the next debit day. This notice should be given to us in the first instance.

3.3 You may also cancel your Direct Debit Request at any time by giving us 30 days notice in writing before the next debit day. This notice should be given to us in the first instance.

4. CLEARANCE TIME

4.1 Direct Debit payments to your Gateway Credit Union account, on the requested payment date, are credited prior to Gateway actually receiving the funds from your other financial institution. Therefore this payment may not be accessed immediately. Please allow 3 full business days for your funds to be cleared.

5. YOUR OBLIGATIONS

5.1 It is your responsibility to ensure that there are sufficient clear funds available in your account on a debit day to allow a debit payment to be made in accordance with the Direct Debit Request.

5.2 If there are insufficient clear funds in your account to meet a debit payment:

- (a) you may be charged a fee and/or interest by your financial institution;
- (b) you may be charged a dishonour fee (\$ at cost) to reimburse us for fees or charges we have incurred for the failed transaction. Refer Fees and Charges & Transaction Limits Brochure, available at www.gatewaycu.com.au; and
- (c) you must arrange for the debit payment to be made by another method or arrange for sufficient clear funds to be in your account by an agreed time so that we can process the debit payment.

5.3 We reserve the right to:

- (a) cancel the Direct Debit Request if any debit is returned unpaid by your financial institution; and
- (b) refuse future Direct Debit Requests.

5.4 You should check your account statement to verify that the amounts debited from your account are correct.

5.5 If Gateway Credit Union Ltd ABN 47 087 650 093 is liable to pay goods and services tax (GST) on a supply made by Gateway in connection with this agreement, then you agree to pay Gateway on demand an amount equal to the consideration payable for the supply multiplied by the prevailing GST rate.

6. DISPUTE

6.1 If you believe that there has been an error in debiting your account, you should notify us directly. You should also confirm the details in writing with us as soon as possible so that we can resolve your query quickly.

6.2 If we conclude as a result of our investigations that your account has been incorrectly debited we will respond to your query by arranging for your financial institution to adjust your account (including interest and charges) accordingly. We will also notify you in writing of the amount by which your account has been adjusted.

6.3 If we conclude as a result of our investigations that your account has not been incorrectly debited we will respond to your query by providing you with reasons and any evidence for this finding.

6.4 Any queries you may have about an error made in debiting your account should be directed to us in the first instance so that we can attempt to resolve the matter between us and you. If we cannot resolve the matter you can still refer it to your financial institution, which will obtain details from you of the disputed transaction and may lodge a claim on your behalf.

7. ACCOUNTS

7.1 Please be aware that direct debiting may not be available on all accounts. You should check:

- (a) with your financial institution whether direct debiting is available from your account;
- (b) your account details which you have provided to us are correct by checking them against a recent account statement from your financial institution; and
- (c) with your financial institution before completing the Direct Debit Request if you have any queries about how to complete the Direct Debit Request.

8. CONFIDENTIALITY

8.1 We will keep any information (including your account details) in your Direct Debit Request confidential. We will make reasonable efforts to keep any such information that we have about you secure and to ensure that any of our employees or agents who have access to information about you do not make any unauthorised use, modification, reproduction or disclosure of that information. You may access any personal information we hold about you at any time by contacting us.

8.2 We will only disclose information that we have about you:

- (a) to the extent specifically required by law; or
- (b) for the purposes of this agreement or if required by our sponsor in the direct debit system (including disclosing information in connection with any query, dispute or claim).

9. NOTICE

9.1 If you wish to notify us in writing about anything relating to this agreement, you should write to: Member Services, Gateway Credit Union Ltd., GPO Box 3176, Sydney NSW 2001.

9.2 We will give you notice by sending such notice in the ordinary post to the address you have given us in the Direct Debit Request.

9.3 Any notice will be deemed to have been received 3 business days after it is posted.

10. CUSTOMER OWNED BANKING CODE OF PRACTICE (COBCoP)

10.1 Each relevant provision of the COBCoP will apply to your Direct Debit Request.

Please Note: You may obtain a further copy of these terms and conditions from www.gatewaycu.com.au or call 1300 302 474