



unicredit

ABN 90 087 651 901 AFSLN 244 168 BSB 806 036

UNITELLER AUTHORITY

Please return completed form to Unicredit by mail, facsimile or deliver to branch.

Membership Number _____			
Surname _____		Given Names _____ Title _____	
Address _____			Postcode _____
Phone (H) _____ (W) _____		(M) _____	
Email Address _____			

<input type="checkbox"/> Please register this membership for Uniteller Online Banking.
<input type="checkbox"/> Please reset the password for the above account.
<input type="checkbox"/> Please cancel Uniteller Online Banking for this membership.

Internal Transfers
<input type="checkbox"/> Please set up access to allow for transfers to the following membership/s:
1. Member Number _____ Account/s _____ (please specify all account types)
In the Name of _____
2. Member Number _____ Account/s _____ (please specify all account types)
In the Name of _____

External Transfers
<input type="checkbox"/> I/We wish for the above membership to be registered to use the External Transfer function on Uniteller Internet Banking.
<input type="checkbox"/> I/We understand and acknowledge that this authority will enable funds to be transferred externally to other Financial Institutions. I/we accept that these transfers can only be completed on Uniteller Online Banking and Unicredit is not liable for any error/s that may occur.

The University Credit Society Limited Privacy Notice. Personal information being collected is covered by Privacy Laws for the purposes of being able to identify you (the member) as the correct authority to the membership. You will be given a copy of the Society's Privacy Policy Statement outlining our commitment to privacy regarding the collection, use and disclosure of your personal information and other rights you have under privacy laws.

I/We have received a copy of the Product Disclosure Statement and agree to conform to and be bound by the terms and conditions and rules of the Society contained therein.

Signed _____ Date _____ Signed _____ Date _____

You will be contacted by a Member Services Officer during offices hours (9am to 4pm) to receive your password to enable you to log onto Uniteller. You may be asked a series of questions in order to verify your identity for security purposes.

Mail Application to:
Unicredit, PO Box 3200 Broadway, Nedlands, W.A 6009. Fax to 08 9389 8407 or return to your nearest branch.

Office Use Only
Member verified by: _____ Password & instructions given by: _____ Joined ___ Reset ___
Authority Loaded by: _____ PDS given to member: _____