Community CPS Australia

Companion credit union | Wagga Mutual | United Community

Member No

Term deposits

Important privacy information

By completing this form you give us personal information. By signing it you acknowledge that you have received and had the opportunity to read our Privacy Statement which contains important information about our management of personal information. For more information, see our Privacy Policy which is available on request or on our website.

Membership name

Signing authority:

Open a Term Deposit

I /we wish to invest ____ at an interest rate of ____ for a term of ____ months

with interest ☐ Capitalised ☐ Transfer monthly if renewal is for greater than 12 months ☐ Transfer 12 monthly if renewal is for greater than 12 months

Instructions for payment of interest

I /we require the interest to be transferred to the following ____ account(s)

Deposit made up as follows

Cheque/cash ____ Transfer of ____ from acct. ____

Tax information

☒ I am providing a TFN ____ Tax File Number will be made illegible once entered in the system.

Collection of Tax File Numbers is authorised. The use and disclosure of TFNs is strictly regulated by the law and the Privacy Act. Quotation is not compulsory but tax may be taken out of your interest if you do not quote your TFN, ABN or exemption. For more details contact your nearest Australian Taxation Office.

I /We acknowledge that a charge will be incurred for early withdrawal of my/our term deposit. Refer to the appropriate product information, fees and charges, and terms and conditions.

Signing authority

Name ____ Member no ____

Signature ____ Date ____

Name ____ Member no ____

Signature ____ Date ____

Investment (TD) number ____ Operator ID ____