



AUSTRALIAN DEFENCE
CREDIT UNION

we understand you!

Australian Defence Credit Union Ltd
Level 8, 1 York Street, Sydney NSW 2000
Phone: 1300 13 23 28
Fax: (02) 9240 4124
Email: service@adcu.com.au

Application for Redicard

Personal Details:

Rank/Title: _____ Surname: _____ Other Names: _____

Member Number: _____ Date of Birth: _____

Secondary Account Holder: _____ (if joint account)

Residential Address:

_____ State: _____ Post code: _____

Mailing Address:

_____ State: _____ Post code: _____

Phone: (Home) _____ (Bus.) _____

Mobile: _____ Email: _____

Name to appear on card:

Mr/Mrs/Miss _____ First Name: _____ Initial: _____ Surname: _____

Name and address of nearest relative not living with you:

_____ Phone: _____ Relationship: _____

Additional Card:

Please issue an additional card in the name of (must be joint account holder or joint Authority to Operate):

Member Number: _____

Mr/Mrs/Miss _____ First Name: _____ Initial: _____ Surname: _____

I/We hereby apply for a Redicard and Personal Identification Number (PIN) to be issued to me/us to enable me/us to access my/our account at authorised electronic banking terminals. I/We agree to be bound by the Conditions of Use supplied to me/us and acknowledge that my/our signature/s on this application form signifies acceptance of the Conditions of Use.

The Credit Union collects the personal information supplied by you to process your application for Redicard.

Signatures: (Both to sign if joint account)

Date: _____