

Savings Account Application



I/We wish to apply for a Community CPS Savings Account and I/we am/are already a member of Community CPS.

Member Number:

Primary Member:

Joint Member:

Address: Street No.

Street Name

Suburb/Town

State

Postcode

Home Telephone No.

Work Telephone No.

Mobile No.

Email address:

Type of account you wish to open
(Please tick)

☐ S2 GENERAL SAVINGS

☐ S3 GENERAL SAVINGS

☐ S4 GENERAL SAVINGS

☐ S9 ACTION

☐ S10 SMART SAVER

☐ S12 CHRISTMAS CLUB

☐ S14 PENSIONER DEEMING

☐ S15/S30 MONEY MANAGERS

☐ S16 e-SAVINGS

NOTE: S16 e-Savings Account requires Web-Link Access to operate.

Savings Accounts Terms and Conditions

I/We agree that I/We have been provided with a copy of the Community CPS Product Disclosure Statement (PDS) and I/we have read and understand the Terms and Conditions contained in the PDS applying to the savings accounts I/we have applied for above and I/we agree to be bound by them.

Signature:

Signature:

Date:

Date:

In the case of joint accounts/business accounts (either to sign), all signatories to the account must sign and date in the above fields.

Privacy Collection Statement

To be a member of a credit union the Corporations Act requires us to obtain your name and address. Other information we ask you to supply on and in connection with this Application Form is not required by law but we may not be able to grant your application if it is not supplied.

Your personal information will not be used or disclosed except for a purpose set out below, for a purpose you would reasonably expect, a purpose required or authorised by law or for a purpose otherwise authorised by you. Subject to the exceptions set out in the Privacy Act, 1988, you may access the personal information we hold about you by asking us.

1. You agree that the personal information you provide to Community CPS in this application is provided in order to enable us to process this application, deliver the Community CPS products and services that you request, send you the CPS members' newsletter, maintain a record of your membership, comply with legislative and regulatory requirements, conduct market research, develop and identify products and services that may interest you and (unless you ask us not to) provide you with information about other products and services.
2. You agree that the personal information you provide to Community CPS in this application may be used by us for related purposes, such as collection action in the event of loan default.
3. You agree that we may disclose your personal information to our agents, contractors and external advisers (including Credit Union Services Corporation (Australia) Limited) whom we engage from time to time to carry out or advise on our functions and activities, to regulatory bodies, government agencies, law enforcement bodies and courts and (unless you tell us not to) to Credit Union Services Corporation (Australia) Limited and its subsidiaries and our related bodies corporate (if any) for the marketing of their products and services.
4. Notwithstanding anything else in this statement, you may, at any time, advise us that you do not wish to receive direct marketing communications. You may do this by completing the relevant form which is available on request. Every time we send you a direct marketing communication we will also give you the opportunity to decline further communications of that type.

How can you gain access to your information?

If you have queries about the information that we hold about you, please contact CPS Credit Union Co-operative (ACT) Limited in any of the following ways:

Email: cps@cpsact.com.au

Fax: 02 6286 0560

Telephone: 02 6286 0555

Mail: Locked Bag 1000, Mawson ACT 2607

If you wish for us to amend or delete personal information that we hold about you, please let us know and we will assess your request in the light of our regulatory and operational requirements.

I/We have read and understand the above Privacy Collection Statement that apply's to Community CPS Savings Account's and I/We agree to be bound by them.

Signature:

Signature:

Date:

Date:

In the case of joint accounts/business accounts (either to sign), all signatories to the account must sign and date in the above fields.

Staff Use Only

Member's ID Verified:

☐

PDS Provided to Member:

☐

Yes

☐

No

Member's Name:

Signature Verified Using 0\$92:

☐

Yes

☐

No

Photo ID Used:

Date:

Photo ID No:

Operator Name:

Teller's Stamp:

Operator No:

Branch: