



## AccessDebit Mastercard Terms and Conditions

I/we hereby apply for an AccessDebit Card and Personal Identification Number (PIN) to be issued to me to enable me to access my Credit Union account(s) at authorised electronic banking terminals, such as Automated Teller Machines (ATMs) and Point of Sale Terminals (Eftpos); at merchants displaying the Mastercard® symbol; online internet transactions; telephone transactions; use your contactless-enabled AccessDebit Card wherever you see the universal contactless symbol at PayPass™, Tap & Go® terminals in both New Zealand and overseas.

I/we declare that the information above is true and correct to the best of my knowledge.

I/we also confirm that I/we have read, understood and agreed to abide by the:

1. Criteria specifying the 'Eligibility-For-Issue' of AccessDebit Mastercard
2. Terms and Conditions governing the use of AccessDebit Mastercard
3. Fees and Charges structure applicable for the issue and use of AccessDebit Mastercard

I/we acknowledge that New Zealand Association of Credit Unions and New Zealand Firefighters Credit Union ("Credit Union") will collect, use and disclose personal information about me/us for the purposes of being able to open and operate accounts; administering, managing and monitoring any products and services provide

to you by your Credit Union and conducting market research, data processing and statistical analysis. You authorise us to obtain information from our related companies for the above purposes.

I/we acknowledge our rights to access and correct personal information held by us and to update personal contact details such as residential or email address or telephone numbers as they change.

I/we confirm that should we not want to receive promotional material from New Zealand Association of Credit Unions or New Zealand Firefighters Credit Union at any time, I will inform my Credit Union in writing and they will not send promotional material.

I/we acknowledge that my signature on this application form signifies my unconditional acceptance of the above details and undertaking provided herein. I understand that my application is subject to confirmation of acceptance. Upon my AccessDebit card becoming overdrawn I acknowledge that all shares and deposits held with the Credit Union in my name may be utilised towards payment of any debt incurred through my use of the AccessDebit card.

Signature of Applicant 1

Date








Signature of Applicant 2

Date








## New Zealand Firefighters Credit Union Office Use Only

Account type:

Card number:

Action:

1. Member meets the eligibility criteria for the product:
2. Product Terms and Conditions and Fees Schedule given to member:
3. Member details and signature/ID verified by:
4. Anti-Money Laundering and Counter Terrorism Financing Obligations:
5. Member application approved by:
6. Card issue details input to system by:
7. Request for replacement card/PIN received by:

Initial / Date

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