

Additional Visa Debit card application

Please complete in CAPITAL letters

Important information

You can choose to have additional Visa Debit cards issued to anyone else you authorise provided they are 18 or more years of age. These cards operate as if they were your own cards and you are responsible for their use. The additional cardholder must be the second member on the account or have authority to operate on the account. An Authority to Operate form must be completed if the additional cardholder is not a signatory to the account. The card and PIN will be sent separately by mail.

What are your personal details?

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other <input type="text"/>	Member no.
Given names	Last name

Your account for which additional card is required?

Account no.	May only be an Everyday/Everyday Direct account
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Who is the additional card for?

Title <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss Other <input type="text"/>	Member no.
Given names	Last name

Postal address to where the additional card is to be sent?

No/Street/PO Box		
Suburb/Town/City		
State/Territory	Postcode	Country

Acknowledgement and agreement

By signing below I acknowledge I have read and agreed to the conditions below.

- ▶ I acknowledge that the additional card, when signed by the person to whom it is issued, shall be subject to the Conditions of Use – Accounts and access and may be used on my Visa card account(s) as though it were my Visa card and its use will bind me accordingly.
- ▶ I may cancel an additional card by giving written notice to the Bank. However, I remain liable for any money that the additional cardholder withdraws using the additional card even after I cancel the card. I must surrender the subsidiary card to the Bank before cancellation becomes effective.




Refer to the Fees and charges brochure for details on fees and charges.

Signature and date

Signature	Date
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Office use only	Member no	<input type="text"/>
	Operator no	<input type="text"/>
	Date actioned	<input type="text"/>

Returning this form

	Firefighters Mutual Bank Reply Paid 7501 Silverwater NSW 2128		
	(02) 9735 9227		contactus@fmbank.com.au