

SMS banking registration form

Please complete all details on this form. You may enter one or two mobile phone numbers.
Please note your mobile phone number(s) can only be registered against one member number to obtain balances.

Account holder

Title	Given names	Surname	Member no
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Residential address	Postcode
<input type="text"/>	<input type="text"/>

Postal address	Postcode
<input type="text"/>	<input type="text"/>

The mobile phone numbers you enter below cannot be registered against another member number.

Mobile phone 1	Mobile phone 2
<input type="text"/>	<input type="text"/>

Please make my S1 Everyday Account my default account. All other accounts under the above member number will be available for this service.

If either your residential or postal address is new, please tick the 'YES' box opposite and we will update your details YES

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

Signature	Date
<input type="text"/>	<input type="text"/>

Please return this form
By fax to: (02) 9704 8210
By mail to: Teachers Credit Union, PO Box 7501, Silverwater NSW 2128
In person: At either our Homebush, Rooty Hill or ACT office

OFFICE USE	<input type="checkbox"/> Signature verified	<input type="checkbox"/> Op no	<input type="checkbox"/> Access code issued	<input type="checkbox"/> Op no	<input type="checkbox"/> Date
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