Term deposit application

Bank Australia

Application details

Customer number

Customer name

Customer number

Customer name

Note: Where account is in joint names, all applicants must sign below. Refer to Bank Australia's current Schedule of Interest Rates.

Please tick the appropriate boxes below, and complete details to indicate your requirements.

Application for:

◯ Fixed Term Deposit (Interest paid on maturity) ◯ Monthly Income Term Deposit (Interest paid monthly)

(Refer to the Schedule of Interest Rates for Interest Rate, Minimum Deposits, Terms, Conditions and any applicable fees)

Amount of deposit Term Interest rate

$ months % p/a

Disclaimer: Rates are subject to change.

Maturity – Unless I advise otherwise, on maturity, would you please

Note: For Monthly Income Term Deposits, the interest must be paid into one of the following accounts: Everyday Access, Commercial Access, Pension Access, Online Saver, Commercial Saver or a Mortgage offset Account.

◯ Credit principal to account number

◯ Reinvest principal for a like term at the then current interest rate

Interest payment method

◯ Credit the interest to my savings account number

◯ Reinvest (Compound – not applicable to Monthly Income Term Deposits)

- We require 31 days' notice if you want to withdraw all or part of the term deposit before the maturity date.
- Funds will not be available until the 31st day after your request.
- If you think you may need to access funds immediately in the future, other deposit products may be more suitable.
- Your term deposit will renew automatically on maturity into a comparable term deposit, unless you tell us otherwise.
- After renewal, the applicable interest rate on the comparable term deposit may be lower than the interest rate we are paying now.

Initial deposit

◯ I/We authorise the amount of $ _____ to be deducted from my/our Bank Australia account number _____ and deposited to my/our new Term Deposit.

◯ I wish to make my initial deposit with cash. (Note: we are only able to accept cash deposits if you bring your application to a Bank Australia branch. Please do not send cash via mail.)

Account owner(s) declaration

Must be signed by all account owners.

Method of operation

◯ Either to operate OR ◯ All must sign OR ◯ At least _____ must sign

I/We apply to open this account, as per the details completed on this application, and appoint the above people as authorised signatory(ies) to the account. They may, in accordance with the Privacy Act (1988), seek and obtain information relating to this account.

I/We indemnify Bank Australia against any claim which may arise from those acts of an authorised signatory, which are within the terms of this authority.

I/We have read the relevant Account and Access Facility Conditions of Use, and agree to be bound by them. I/We have also read the Privacy Notification, and consent to the contents therein.

I/We agree to pay all charges required by Bank Australia in accordance with the Corporations Law.

Signature

Signature

Please be aware that we require a physical signature on this form, once completed print off and sign before sending.

Date

/ /

Date

/ /

Bank Australia use only

Account number

Operator number and initials

Received via:

◯ TFN loaded ◯ Verified signatures

◯ Relationship linked

Opened on / /

Visit us at your nearest branch
bankaust.com.au/support/branches

Mailing something?
7-9 Seymour St, Traralgon VIC 3844

Talk to someone
132 888

Bank Australia Limited ABN 21 087 651 607 AFSL/Australian Credit Licence Number 238431

SDR 2002 0826 / BAU881