## **Term deposit application**



An	a	lica	tio	n d	etai	ls

Customer number

Customer name

Customer name

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		5. L. (	to be deducted from my/our Bank Australia account							
number	and dep	osited to my/our	new Term Depos	sit.						
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) dec	claration									
Must be signed by all a	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 A are within the terms of	= :	laim which may	arise from those	acts of an authorised	signatory, which					
I/We have read the rele have also read the Priv				and agree to be bound	d by them. I/We					
I/We agree to pay all c	harges required by Ba	ank Australia in a	accordance with	the Corporations Law.						
Signature			Signature							
Please be aware that w	ve require a physical s	signature on this	form, once com	pleted print off and sig	gn before sending.					
Date			Date							
			/ /							
Bank Australia use	only									
Account number			Operator number and initials							
Received via:										
TFN loaded	Verified signatures		Opened on / /							
Relationship link	ced									

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

Mailing something?

7-9 Seymour St, Traralgon VIC 3844



Visit us at your nearest branch

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Email us mail@bankaust.com.au

Talk to someone 132 888