

# AUTHORITY TO COLLECT VISA DEBIT CARD



TO BE COMPLETED BY THE CARDHOLDER

I, \_\_\_\_\_  
(Cardholder)

authorise \_\_\_\_\_  
(Agent)

to collect my visa Debit Card from Laboratories Credit Union Ltd on my behalf

Signed: \_\_\_\_\_

Member Number: \_\_\_\_\_ Date \_\_\_\_\_

## AGENT'S INDEMNITY

By signing this form, as agent for the cardholder named above, you agree to the following:

- You will deliver the Visa Card to the Cardholder
- You will instruct the Cardholder to sign the Visa Card immediately upon receipt
- You will instruct the Cardholder to sign the letter of acknowledgment on receipt of the Visa Card and return the letter to Laboratories Credit Union Ltd
- You will advise the Cardholder that they are bound by the visa Conditions of Use
- You will indemnify Visa and Laboratories Credit Union Ltd against loss or fraudulent use of the Visa Card, until the Cardholder has signed the Visa Card
- You may be asked to provide proof of identity before the Visa Card is released

Agents Signature \_\_\_\_\_ Date \_\_\_\_\_

Agents Address \_\_\_\_\_

**Laboratories Credit Union Limited**

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