



ABN 48 087 615 787

AFSL 247298

INTERNET BANKING:
[TICK APPROPRIATE BOX]

- INTERNET BANKING REGISTRATION
- BUSINESS MVP REGISTRATION
- CANCELLATION
- PASSWORD RE-ISSUE
- eSTATEMENT REGISTRATION

PHONE BANKING:
[TICK APPROPRIATE BOX]

- REGISTRATION
- CANCELLATION
- PASSWORD RE-ISSUE

Client name		Client no.	
Address			
Phone number	Home		
Please tick preferred number		Work	
	Mobile		
Email address			
Date of birth			
Occupation			
Account to be accessed		Account types	
Account to be accessed		Account types	
Account to be accessed		Account types	
Internet Banking access options		<input type="checkbox"/> Full transactional access	<input type="checkbox"/> Read only access S2 accounts must be read only

PLEASE TICK APPROPRIATE BOX/BOXES:

- I understand I must allow up to 5 business days from the lodgement date of this form before a new password is issued.
- I understand I will be prompted to change the password on first signing onto Internet Banking or Phone Banking.
- I understand that when selecting my password it must not include my date of birth or an alphabetical code. The Internet Banking password must include 4 letters and 2 numbers.
- I understand there is a daily limit on Internet Banking and Phone Banking transactions.
- I understand that an SMS-OTP is mandatory for access to register an NPP PayID, send Osko payments or foreign currency external transfers.
- By signing this application for registration of Internet Banking/Phone Banking, I agree to abide by BankWAW's terms and conditions of use as they appear on the website or as handed to me.
- I understand that, by registering for eStatements, I will no longer receive printed copies and that I must keep BankWAW informed of my current email address.

Please present this form in person to the nearest Service Centre. If you cannot present in person, please mail the original of this form along with a certified* copy of Driver's Licence and Medicare Card to PO Box 568, Wodonga, Vic, 3689 and BankWAW will contact you with your password on the preferred phone number as noted on this form.

Signature: Date:

I wish to have this registration cancelled, effective immediately.

Signature: Date & Time:

OFFICE USE ONLY:

Signature & ID verified	Yes/No	Application processed	Yes/No
eStatement registration request loaded	Yes/No	SMS-OTP discussed	Yes/No
PayID/Osco payments discussed	Yes/No		
Signature & Op. number		Checked By Signature	

*Your identification can be certified by a doctor, police officer, solicitor, accountant or a bank officer with 5 years continuous service.