



Internet Banking - Business Banking Registration Form

Please return this form to the nearest branch of Holiday Coast Credit Union Ltd, OR:
 Post: Holiday Coast Credit Union Ltd, Private Mail Bag 9, Wauchope NSW 2446.
 Fax: 02 6580 8205

Membership Number: (only one membership per form)	
Membership Name:	
E-mail Address:	
If Membership is "1 to sign"	Do You Require Additional Authorities? NO [] Do not complete account authority details below YES [] List required authorities below (authorities MUST be a signatory on membership) NOTE: Additional authorities can be created but are not mandatory.
If Membership is "2 to sign"	List minimum of 2 authorities in table below & sign the 2 to sign acknowledgement below.

LIST AUTHORITIES REQUIRED:			
To Be Completed for 2 to sign a/c's only unless 1 to sign a/c requires additional authorities.			
Name:		Name:	
Email Address:		Email Address:	
Daytime Ph No:		Daytime Ph No:	
Name:		Name:	
Email Address:		Email Address:	
Daytime Ph No:		Daytime Ph No:	

I/we acknowledge that I/we have read and understood the Conditions of Use and by executing this document agree to be bound by the conditions set out within.

Signed: Date:/...../.....

TWO TO SIGN ACCOUNTS - ACKNOWLEDGEMENT

We acknowledge:

1. That we have been issued with two access codes in conjunction with usage through the Credit Union's Internet Banking system;
2. That these Access Codes are to be inserted separately by two separate holders when accessing Internet Banking;
3. That we accept all responsibility that the above is carried out and there is no fallback on the Credit Union for misuse of the codes;
4. If either one of the codes is lost or stolen we will identify the Credit Union as soon as possible after the event;
5. The Credit union will issue new codes on request from us.

Signed in accordance with the authority for operations on the said membership.

Signed: Date:/...../..... Signed: Date:/...../.....

Office Use Only: <input type="checkbox"/> 1: Register Member for Business Banking <input type="checkbox"/> 2: Advise separate authorities separate passwords	<input type="checkbox"/> 3: Ensure 2 to sign acknowledgement is completed (if applicable) <input type="checkbox"/> 4: Minimum of 2 additional authorities must be listed on form for 2 to sign accounts
Actioned on/...../..... by Operator Number: at Branch:	