



ABN 48 087 615 787  
AFSL 247298

**NETLINK :**

[TICK APPROPRIATE BOX]

- NETLINK REGISTRATION
- BUSINESS MVP REGISTRATION
- CANCELLATION
- PASSWORD RE-ISSUE
- eSTATEMENT REGISTRATION

**INFOLINK :**

[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	
Netlink Access Options		<input type="checkbox"/> Full Transactional Access	<input type="checkbox"/> Read Only Access <b>S2 accounts must be read only</b>

**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 Netlink or Infolink.
- I understand that when selecting my password it must not include my date of birth or an alphabetical code. The Netlink password must include 4 letters and 2 numbers.
- I understand there is a daily limit on Netlink and Infolink 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 Netlink/Infolink, I agree to abide by WAW Credit Union'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 WAW Credit Union 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 WAW Credit Union will contact you with your password on the preferred phone number as noted on this form.

PLEASE NOTE: Our preferred browser for Netlink, our internet banking program, is Internet Explorer.

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.