



Banking as it should be.

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 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 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.