

SECTION 1: OPERATOR ACCESS AUTHORITY FOR ANYPAY

Business/Account name:

Customer number/ledger to which this request relates:

(A separate AnyPay Authority must be completed for each account.)

Business/Account holder email address:

Please note that it is a requirement of AnyPay that an email address must be registered against the Business/account holder.

I wish to provide new access/revoke existing access to AnyPay for the linked operators listed below. By providing these linked operators with access to AnyPay they will be able to:

- view AnyPay payees related to the accounts listed below
- add/maintain/delete AnyPay payees
- make AnyPay payments from relevant accounts.

New access:	<input type="checkbox"/>	Revoke access:	<input type="checkbox"/>	Linked operator: <input type="text"/>	Linked operator customer number: <input type="text"/>	Personal Access Code required:
				Signature: <input type="text"/>	Date: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

New access:	<input type="checkbox"/>	Revoke access:	<input type="checkbox"/>	Linked operator: <input type="text"/>	Linked operator customer number: <input type="text"/>	Personal Access Code required:
				Signature: <input type="text"/>	Date: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

New access:	<input type="checkbox"/>	Revoke access:	<input type="checkbox"/>	Linked operator: <input type="text"/>	Linked operator customer number: <input type="text"/>	Personal Access Code required:
				Signature: <input type="text"/>	Date: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

New access:	<input type="checkbox"/>	Revoke access:	<input type="checkbox"/>	Linked operator: <input type="text"/>	Linked operator customer number: <input type="text"/>	Personal Access Code required:
				Signature: <input type="text"/>	Date: <input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

If the individuals you have listed above are not yet linked as operators on the account to which this request relates, you are required to complete an Account Alteration Form (#1550).

All operators will be required to register an email address online prior to using the AnyPay facility for the first time.

SECTION 2: DAILY LIMIT CHANGE REQUEST

I/We request a change to the daily limit:

Daily limit required: Customer number/ledger to which this request relates:

Please note: This daily limit will be accessible by all operators who currently have AnyPay access to the accounts listed. The daily limit will be \$0 unless a limit is specified by you.

SECTION 3: SINGLE OPERATOR AUTHORITY - MULTIPLE SIGNATORY ACCOUNTS ONLY

If any account(s) require more than one signature, the funds transfer and BPAY® services will not be available via Express Line or Online Banking. Access to pay payees online using AnyPay is available by completing the section below.

By ticking 'Yes', you will authorise any one operator on an account to pay payees using AnyPay. By ticking 'No', multiple signatory restrictions will apply to the account(s).

Yes No

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SECTION 4: CUSTOMER AUTHORISATION

Daytime contact phone number of account holder:

Copies of the Conditions of Use are available from your Online Banking website.

Please allow up to 5 business days for the Operator Access Authority for AnyPay to be established or changed, or for the Daily Limit on accounts to be changed.

I/We acknowledge having received and agree to be bound by the "Accessing Your Account" terms and conditions and the appropriate Product Guide or terms and conditions applicable to my/our account.

FOR INDIVIDUALS

Customer 1:

Full name:

Signature:

Customer 2:

Full name:

Signature:

Customer 3:

Full name:

Signature:

Customer 4:

Full name:

Signature:

Date:

FOR COMPANIES

Executed by (insert name of Company):

Director name:

Signature:

Date:

Director/Company Secretary name:

Signature:

Date:

OR

Sole Director and Sole Company Secretary name:

Date:

Signature:

Affix
seal
here if
required.

Please note: AnyPay Operator or AnyPay Daily Limit requests require authorisation from the Account Owner, or Joint Owner, or where the owner is a company authority from a Director is necessary. Account Operators are not authorised to make these changes.

Please post or fax this form to:

Account Processing - Electronic Banking Centre
GPO Box 1048
Adelaide SA 5001
Fax: 08 8300 6665

[OFFICE USE ONLY]

Branch/Department:

User ID:

Signature of Checking officer:

Date: