



BUILDING SOCIETY LIMITED
 ABN 84 087 651 938

PHONE BANKING REGISTRATION FORM

Member Details:

Member Number	
Surname	
Given Names	

Account Details:

Account Number	Account Name

*** Enquiry only access is available on accounts that require 2 or more signatures for withdrawals**

I hereby apply for access to ABS Phone Banking and request allocation of initial password, which I agree I will change upon first use. I have read and fully understand the ABS Phone Banking terms and conditions contained in the Product Disclosure Statement (Part 1). I agree to be bound by them and any future amendments to them, of which I will be notified by ABS.

Security question/answer	
For identification purposes over the phone or if your Phone Banking access code/password needs to be reset, ABS requires an answer to ONE of the following questions:	
<input type="checkbox"/> Mother's Maiden Name	<input type="checkbox"/> Place of birth
<input type="checkbox"/> First school attended	<input type="checkbox"/> Spouse's middle name
Answer:	

..... **Member's signature**

ABS Use only:	
.... Name & address checked Registering number matched to Member number (do not use business number)
.... PDS 1 Issued Signature Verified
.... IVR13 Account Access & Password allocated	
.... Initial access code advised to member	