



**Internet Banking Application for Registration for Multiple Signatory
Accounts**

Member Number _____

Organisation Name _____

Address _____

Contact Number _____

ALL SIGNATORIES TO RECEIVE A LOGIN

Name _____ - Email Address _____

I would like to receive the initial password for internet banking by:

EMAIL ORDINARY MAIL PHONE - password required for phone

Name _____ - Email Address _____

I would like to receive the initial password for internet banking by:

EMAIL ORDINARY MAIL PHONE - password required for phone

Name _____ - Email Address _____

I would like to receive the initial password for internet banking by:

EMAIL ORDINARY MAIL PHONE - password required for phone

SIGNATURE _____
Chairman/Director

SIGNATURE _____
Secretary/Treasurer

ALL EXTERNAL PAYEES ARE LOADED VIA THE WEBSITE

