

# Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062  
 (“BFS” and “Baptist Financial Services”)  
 A delegated body of Australian Baptist Ministries

Ph 1300 650 542

Email [clients@bfs.org.au](mailto:clients@bfs.org.au)

Web [www.bfs.org.au](http://www.bfs.org.au)



## Application for BFSOnline Access

### Applicant Details

Please complete in full the Application form and sign before sending it to us by post or via [clients@bfs.org.au](mailto:clients@bfs.org.au).

I hereby apply for access to Baptist Financial Services Australia Ltd (BFS) account/s through BFSOnline.

Title	Given name	Middle Name	Surname		
Street Name	Suburb		State	Postcode	
Date of Birth	____ / ____ / ____	Client Number (Insert if known)		_____	
Home Phone	( ) _____	Work Phone	( ) _____	Mobile	_____
Email	_____				

### Security Questions:

What is the name of the first school you attended? \_\_\_\_\_

What is your favourite pet's name? \_\_\_\_\_

What is the name of your favourite song? \_\_\_\_\_

Please setup the same Login used for my access to Client number/s:

\_\_\_\_\_

\_\_\_\_\_

### Client Accountholder Number Details

You must complete a new Application form for access to any future new accounts, including any term investment/s renewed for a different term or with a different frequency of interest payment.

Accountholder Client Name:	_____
Accountholder Client Number* to be accessed:	_____ (Separate application is required for each client number)

**Account/s to be accessed:** All accounts currently linked to client a/c number\*:

**Level of Access:** Full

Enquiry Only

**OR,** you may list specific accounts and/or access levels required below:

Account Number (9 digits)	Level of Access		Account Number (9 digits)	Level of Access	
	Full	Enquiry		Full	Enquiry

**Do you want to deposit money from any Predefined External Accounts?**

**YES**

**NO**

You may transfer funds FROM a predefined external account to a BFS account only if:

- You are an authorised signatory to the external account which is in an identical name to the BFS account; and
- A completed Direct Debit Request form/s is forwarded with this application or is held by us authorising the account/s to be used as an external predefined account/s.

### Signature of Applicant and Account Owner (if applicable)

**Account Owners sign this section if the Applicant does NOT have sole authority to operate the account.**

I/We have read and understand the BFSOnline Terms and Conditions contained in our 'Product Disclosure Statement – BFS Non-Cash Payment Products' or 'Product and Services Information – Terms & Conditions', and agree to be bound by them, and by any amendments to them. I/We authorise the above applicant to have access to the account/s as shown above. This authority replaces any previous authority given for the above Applicant to access to BFSOnline.

**Applicant Authorised Signatory**

Account Owners Authorised Signatory

Account Owners Authorised Signatory

SIGN HERE	SIGN HERE if applicable	SIGN HERE if applicable
Name: _____	Name: _____	Name: _____
Date: ____ / ____ / ____	Date: ____ / ____ / ____	Date: ____ / ____ / ____