

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

Web www.bfs.org.au

PO Box 122 Epping NSW 1710



BFS Visa Prepaid PayCard Renewal or Variation

Employer Account Details

Please complete this form, print and sign, before returning it to us at clients@bfs.org.au. Please tick your required choices and ensure your information includes the fields marked mandatory**.

NOTE: The BFS Visa Prepaid PayCard is available to Employers who maintain an active BFS account. The PayCard is issued by Indue Ltd ABN 97 087 822 464 (AFSL No 320204). If you are not already a BFS client, please complete an account application and forward with this application. The account application can be downloaded from www.bfs.org.au under 'Form Access'.

Please renew my PayCard number ending: XXXX XXXX XXXX _____ Client Number: _____

Name of incorporated entity, trust, superannuation fund, non-profit or other business entity (the Employer) and ABN

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Business location address

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Suburb		State		Postcode	
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Postal address (if different from business location address)

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Suburb		State		Postcode	
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Contact (Please include at least two contact details, such as a phone number an e-mail** and area codes)

Home Phone	()	Work Ph	()	Mobile	
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Email	
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The Employer will issue the card to the employee (cardholder) referred to in Step 3. The Cardholder will activate the Card by going online at www.bfs.org.au, selecting "Prepaid Cards" and then clicking on the Card image to follow the prompts.

Employer Signature

For and on behalf of the Employer:

Authorised signatory

Authorised signatory

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

Employee (Cardholder) Details

Pursuant to the Anti-Money Laundering and Counter-Terrorism Financing Act 2006 (Cth), BFS uses a Credit Reporting Agency (CRA) assessment to meet these regulatory obligations and each signatory's consent is required to undertake a CRA assessment.

Title	Given Name	Middle Name(s)	Surname
Mother's Maiden Name**		Driver Licence No.	Date of Birth ____ / ____ / ____
Occupation (e.g. Religious Practitioner)			

Residential address

Property Name	Unit No / St No	Street Name	Suburb	State	Postcode
	/				

Postal address (only if different from residential address)

Property Name	Unit No / St No	Street Name	Suburb	State	Postcode
	/				

Contact (Please include at **least two contact details**, such as a **phone number and e-mail**** and area codes)

Home Phone	()	Work Ph	()	Mobile	
Email**					

Other than changing your details above, please advise how you wish to vary your Visa Prepaid PayCard:

Employee Declaration and Signature

I declare that:

- All the information I have provided in this Renewal or Variation form is true, correct and complete;
- I, the person named in this application as Cardholder, consent to the issue of a BFS Visa Prepaid PayCard (the Card) in my employer's name for my use. I acknowledge that use of the Card will be governed by the terms and conditions contained in the BFS Visa Prepaid PayCard Financial Services Guide and Product Disclosure Statement Parts 1 & 2 which will accompany the Card. My subsequent use of the Card will constitute my agreement to abide by the terms and conditions
- I consent to the collection, use and disclosure of personal information for the purposes shown in the Privacy Statement below;
- I consent to BFS and its representative to act as my agent in seeking access to my credit information held by credit reporting bodies and credit providers. This authority applies to inquiries made by BFS in connection with the provision of services to me by BFS in order to verify my personal information (including name, residential address and date of birth) for AML/CTF purposes;
- I understand that the BFS Visa Prepaid PayCard is issued by Indue Limited ABN 97 087 822 464;
- I agree to the BFS Visa Prepaid PayCard Terms and Conditions (located at <https://www.bfs.org.au/personal-visa-prepaid-paycard.html>) of my employer covering the provision of salary and benefits and use of the Card; and
- I am authorised to provide the personal details presented and I consent to my information being checked by a CRA, with the document issuer or official record holder for the purposes of confirming my identity. Please note you **must** tick the adjacent box for your information to be checked by a CRA. Yes

Authorised Person signature

SIGN HERE

Date: ____ / ____ / ____

Office use only:

Client No: _____
 Client ID Confirmed