



**Unity Bank**



**Reliance Bank**



**Bankstown City  
Unity Bank**

**Internet Banking Application**

Membership Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Please indicate:**

New Application

Change Password

**I/We understand that adequate security precautions should be taken to protect the use of my/our PC environment from unauthorised access. I/We agree to notify the Bank should I/we become aware of any unauthorised person gaining access to our security identification. I/We acknowledge that the Bank strongly recommends that we carry out regular reviews of our system security and update accordingly.**

**I/We am/are aware that processing of this application could take up to twenty four (24) hours and I/We will be notified in due course.**

**eStatements:**

**As a part of the Internet Banking Service, you can opt out of receiving paper statements as your statements can be viewed electronically when you log in to Internet Banking. To opt out of receiving paper statements, please log in to Internet Banking and click on eStatements to set up your online statements. An email address is required for eStatements so that we can notify you when your statements are ready to be viewed. Please ensure you have advised us of your current email address (or you can add it to your personal details on line).**

Member's Signature

Member's Signature

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date

Date

**OFFICE USE ONLY:**

Member Notified? YES  NO

Operator Name: \_\_\_\_\_ No. \_\_\_\_\_ Date: \_\_\_\_\_

Reliance Bank and Bankstown City Unity Bank are divisions of Unity Bank Limited. ABN 11 087 650 315  
AFSL/ Australian Credit Licence 240399  
PO Box K237 Haymarket NSW 1240 email: [mail@unitybank.com.au](mailto:mail@unitybank.com.au)



Unity Bank



Reliance Bank



Bankstown City  
Unity Bank

**Business Internet Banking Application**

Membership Number: \_\_\_\_\_ ABN: \_\_\_\_\_

Business Name: \_\_\_\_\_

**Business Internet Banking Administrators:**

Membership Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

Membership Number: \_\_\_\_\_

Member Name: \_\_\_\_\_

**Please indicate:**

New Application Change Password

Remove Administrator

E-Statements

Daily Bpay/ OskoTransfer Limit Required:  \$5,000  \$10,000  \$15,000

**I/We understand and acknowledge that:**

- In order for the business to continue to access internet banking or access for the first time, an administrator must log on to internet Banking and appoint either themselves, or others who have an existing authority to operate on behalf of the business (ATOs), to have Internet Signing Authority (ISA) for the account(s) held by the business
- Unless appointed an ISA, an administrator cannot transact on the business' accounts via internet banking.
- An administrator can enable any ISA's level of access to each account held by the business as either full access, view only or no access or any combination of the same.
- Any ISA with full access authority may conduct transactions on behalf of the entity in accordance with the entity's signing authority held by the Bank from time to time and within the transfer limit nominated by the administrators.
- Administrators may also grant data entry only or view only access to nominated individuals. Such individuals cannot authorise transactions and need not be members of the Bank.
- Any administrator or ATO must be a member of the Bank and have been identified in accordance with AML/CTF ACT requirements.
- The Bank is not required to verify any authorisations given to administrators or ATOs or verify the authority of any individual.

**I/We understand that:** adequate security precautions should be taken to protect the use of my/our PC environment from unauthorised access. I/We agree to notify the Bank should I/we become aware of any unauthorised person gaining access to our security identification. I/We acknowledge that the Bank strongly recommends that we carry out regular reviews of our system security and update accordingly.

**I/We am/are aware that:** processing of this application could take up to twenty four (24) hours and I/we will be notified in due course.

**Declaration**

I/We declare that I/we are authorised to sign this form on behalf of the above entity and that it will be liable for any transactions effected by any ISA appointed by the administrator(s) notwithstanding that any such transaction was not actually authorised.

**Director/Secretary or Authorised Signatory**

Date:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_

**OFFICE USE ONLY:**

Member Notified?  YES  NO Operator Name: \_\_\_\_\_ No. \_\_\_\_\_ Date: \_\_\_\_\_

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