

# Baptist Financial Services Australia Ltd

ABN 56 002 861 789 – AFSL 311062

RETURN THIS FORM TO: Baptist Financial Services Australia Ltd (“BFS” and “Baptist Financial Services”)

Ph - 1300 650 542

Fax - 1300 784 699

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

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



## Account Application – Existing Client

Account Name:

Client No.

### 1. Account Selection - I/we wish to open the following account(s). Please tick your choice(s)

**Term Investment** Opening amount \$ \_\_\_\_\_

Number of months  at . % per annum with interest payable:

Monthly  3 Monthly  6 Monthly  Annually  On Maturity

**Savings Account at Call** Opening amount \$ \_\_\_\_\_

**Notice of Withdrawal Account (NOW Account)** Opening amount \$ \_\_\_\_\_

**Hi Savings Online Account at Call** Opening amount \$ \_\_\_\_\_

**Pensioner Deeming Account at Call** Opening amount \$ \_\_\_\_\_

**Funeral Savings Account** Opening amount \$ \_\_\_\_\_

### 2. Funds Required to Open Account (Please tick as appropriate):

Cheque/s attached.  Cash lodged at BFS State Office  Transfer from BFS Account No. \_\_\_\_\_

If you wish BFS to make the initial investment by electronic funds transfer, please complete the Direct Debit Request overleaf.

### 3. Interest Payment Details Please select one of the following: (Note: Not applicable for Funeral Savings Account.)

Add interest to this account (compound) or

Pay interest to Baptist Financial Services Account Number \_\_\_\_\_ Or

Pay interest to another financial institution account. Details of the account are:

Account name			
Financial institution		Branch	
BSB number		Account number	

### 4. Account Operating Instructions – Signatories and authority for new account/s requested above to be identical to existing account/s in the same name.

5. Internet account access is required for this account. Yes  No

### 6. Sign Here

I/We apply to open the above-mentioned account(s) with Baptist Financial Services and I/we acknowledge having read, understood and accepted the terms and conditions as contained in our 'Product Information Statement – Offer Document' and 'Financial Services Guide and Product Disclosure Statement – BFS Non Cash Payment Products'.

Applicant 1 signature	Applicant 2 signature
Date	Date



# Direct Debit Request

(BFS Clients Only)

**Request and Authority to Debit the Account Named below to Pay Into Client Account**  
 No. \_\_\_\_\_ in the name of \_\_\_\_\_

**with Baptist Financial Services Australia Ltd ( BFS )**

<b>Request and Authority to debit the Account</b>	Surname or Company name _____ Given names or ABN/ARBN _____ request and authorise _____ through their financial institution, Baptist Financial Services Ltd (BFS) Debit User ID148018 to process the amount we are authorised to debit or charge you through the Bulk Electronic Clearing System from an account held at the Financial Institution below.		
<b>Insert the name and address of financial institution at which account is held</b>	Financial Institution Name _____ Branch/Address _____		
<b>Account details to be debited*</b>	Account Name _____ BSB Number <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> Account number <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Narration: _____ (Max 18 Characters)		
<b>Acknowledgement</b>	By signing and/or providing us with a valid instruction in respect to your Direct Debit Request, you have understood and agreed to the terms and conditions governing the debit arrangements between you and BFS as set out in the Request and in your Direct Debit Services Agreement.		
<b>Debit commencement</b>	Amount to be debited: \$ _____. The first debit will commence on ____/____/____ and at the following intervals after that: <input type="checkbox"/> once off <input type="checkbox"/> weekly <input type="checkbox"/> fortnightly <input type="checkbox"/> monthly <input type="checkbox"/> quarterly <input type="checkbox"/> half yearly <input type="checkbox"/> yearly <input type="checkbox"/> 4 weekly <input type="checkbox"/> 2 monthly <b>(tick as appropriate)</b> until further notice, or the last debit to be on ____/____/____.		
<b>BFSOnline</b>	Please tick if you require the above account to be used as a predefined external account for BFSOnline Internet account access purposes <input type="checkbox"/>		
<b>Type of Request</b>	Tick one box: <input type="checkbox"/> New Authority <input type="checkbox"/> Amendment of Authority No: _____ <input type="checkbox"/> Cancellation of Authority No: _____		
Authorised signatory of account to be debited*                      Authorised signatory of account to be debited*			
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; vertical-align: top;"> <b>SIGN HERE</b>             Print Name:             Address             Daytime Phone:                      Date    /    /         </td> <td style="width: 50%; text-align: center; vertical-align: top;"> <b>SIGN HERE</b>             Print Name:             Address             Daytime Phone:                      Date    /    /         </td> </tr> </table>		<b>SIGN HERE</b>  Print Name:  Address  Daytime Phone:                      Date    /    /	<b>SIGN HERE</b>  Print Name:  Address  Daytime Phone:                      Date    /    /
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<b>Office Use Only</b>	NEW Authority Number: _____ Entered by: _____ Date: _____		