

Internet Banking Security Token Application

My name is	First name and Surname or Business name
My address is	

The Internet Banking Facility has restricted access to a range of transactions that require an additional second tier authentication when completing these transactions. There are two types of authentication that we offer members to enable access to the full range of Internet Banking Transactions:

1. Secure SMS
 - Mobile phone (text)
 - Home or business phone
2. Factor 2 Token Security.

Members with access to a mobile or landline phone should register for the Secure SMS facility. However, members who fall into one or more of the following categories are able to apply for a Security Token by completing this application form and indicating the reasons for the application by placing ticks in the appropriate boxes.

I do not have a mobile phone.

I reside outside of a mobile coverage area.

I reside overseas and do not have access to global roaming.

I am unable to register my home phone because I do not have broadband* Internet access.

I have lost my original Security token and require a replacement.

Other reason (please explain):

Account to which Security Token fee is to be charged.

Account Number

Amount.

\$

It is important that you read and understand the declaration for this Internet Banking facility you require.

I hereby apply for a Community CPS Internet Security Token to enable access to the full range of protected Internet banking transactions that are only available through a second tier authentication. This token must be kept in a secure location to ensure that it does not fall into the hands of other persons who may be able to use it for fraudulent means.

I acknowledge and agree that my signature on this form signifies receipt and acceptance of the appropriate product information, terms, conditions, fees and charges documents which form part of this application.

* Broadband provides access to the Internet and allows calls to and from your home phone at the same time.

Important Privacy Information

When you complete this form you will be giving us personal information. By signing it you acknowledge that you have received and had the opportunity to read our Privacy Statement, which contains important information about our management of personal information. For more information, see our Privacy Policy which is available on request or on our website at www.communitycps.com.au

Member/Signatory

Name
Signature
Member no.
Date / /

When complete, forward this form by facsimile or post to:

Post:
Community CPS Australia
Attn: Membership Services
GPO Box 1430
Adelaide SA 5001

Facsimile:
(08) 8231 3060

PFC section

Member identified
 Member TBP confirmed
 Wrapped in MRMS
 Operator ID

Administration section

Token ordered	Token fee charged	A/C debited
Operator ID	Date / /	