

Membership  
Number

# Business Netfa\$ Registration

Date: / /20



## Membership Name:

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## Authority Details:

Please note a minimum of two Authorities will be required for posting any value transactions

Authority Full Name	Authority Membership Number

I/we wish to register for access to Business Banking on Netfa\$, the Internet Banking Service from The Capricornian Ltd.

I/we acknowledge that use of the Netfa\$ Internet Banking Service is subject to The Capricornian's Terms and Conditions governing this service, and any amendments thereto.

Full Terms and Conditions must be read and agreed to prior to use of Business Banking on Netfa\$ at your initial log in.

**Member Signature/s:** \_\_\_\_\_

This request must be signed in accordance with your account operation authority (eg "both must sign", 'either to operate' etc).

Please fax form to 07 4931 4970

Or email scanned document to [info@capricornian.com.au](mailto:info@capricornian.com.au)

Or by post to: Netfa\$ Registrations  
PO Box 1135  
ROCKHAMPTON QLD 4700

### Office Use Only

<input type="checkbox"/>	Signature(s) Verified	By Accepting Branch Staff	_____	Operator #	_____
<input type="checkbox"/>	Netfa\$ Altered	By Member Connect	_____	Operator #	_____
<input type="checkbox"/>	Account access confirmed	By Member Connect	_____	Operator #	_____
<input type="checkbox"/>	Authorities added	By Member Connect	_____	Operator #	_____
<input type="checkbox"/>	Password Issued	By Member Connect	_____	Operator #	_____

Membership  
Number

# Netfa\$t Cancellation Request

Date:    /    /20



**Membership Name:**

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I/we wish to cancel access to NetFa\$t, the Internet Banking Service from The Capricornian Ltd.

I/we acknowledge to continue to be responsible for transactions initiated via Netfa\$t (in accordance with the Terms and Conditions) until this cancellation request is received by The Capricornian Ltd in the ordinary course of business.

**Member Signature/s:** \_\_\_\_\_

This request must be signed in accordance with your account operation authority (eg "both must sign", 'either to operate' etc).

Please fax form to 07 4931 4970

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Or by post to:

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PO Box 1135  
Rockhampton QLD 4700

Office Use Only			
<input type="checkbox"/>	Signature(s) Verified	By Accepting Branch Staff	_____ Operator # _____
<input type="checkbox"/>	Netfa\$t De-Activated	By Member Connect	_____ Operator # _____