

This form must be completed and signed in terms of Section 10.

Once complete, please submit this form to your Westpac representative or branch for verification and processing.

Facility number (not card details).

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Company/Business name

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Company/Business phone

()

Please select the type of amendment you want to make to your facility by ticking the appropriate box below:

- | | | |
|--------------------------|---|---------------------------------|
| <input type="checkbox"/> | Change of Company/Business name..... | Complete section 1, 2, 3 and 10 |
| <input type="checkbox"/> | Change of Cardholder name..... | Complete section 1, 2, 4 and 10 |
| <input type="checkbox"/> | Change of Company/Business address..... | Complete section 1, 2, 5 and 10 |
| <input type="checkbox"/> | Change of accounts linked to card..... | Complete section 1, 2, 6 and 10 |
| <input type="checkbox"/> | Change to daily spend limit (Limited Access card only)..... | Complete section 1, 2, 7 and 10 |
| <input type="checkbox"/> | Cancel card..... | Complete section 1, 2, 8 and 10 |
| <input type="checkbox"/> | Close facility (all cards will be closed)..... | Complete section 1, 2, 9 and 10 |

Evidence of the change of name must be presented to a Westpac branch for the change to take place eg. *certificate of registration*

Current Facility NAME

New Facility NAME

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Company CIS Key

[illegible]

Has the name been updated in CIS?

☐ Yes ☐ No

Card Embosser Details

New business name to appear on all cards (maximum of 21 characters)

[illegible]

Do you require all cards attached to this facility to be reprinted with the new facility name?

☐ Yes ☐ No

Evidence of the change of name must be presented to a Westpac branch for the change to take place

Card number

[illegible]

Old cardholder name

New cardholder name (maximum of 19 characters)

[illegible]

Card number

[illegible]

Old cardholder name

--

New cardholder name (maximum of 19 characters)

[illegible]

Card number

[illegible]

Old cardholder name

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New cardholder name (maximum of 19 characters)

[illegible]

Do you require the card to be reprinted with the new name?

☐ Yes ☐ No

Section 5 – Change of Company/Business Address

Please enter BOTH the registered and mailing address details for your facility below

Registered business address

Postcode Country
Phone ()
Email

Mailing address

Postcode Country
Phone ()
Email

Card Delivery to a branch (optional)

Branch BSB	Branch Name
Branch Address	Postcode
Phone ()	

Section 6 – Change of Account Linked To Card

Card number	Cardholder name	Card type	Primary account	Secondary account (only for full access card)
		<input type="checkbox"/> Limited access	BSB:	BSB:
		<input type="checkbox"/> Full access	A/c no:	A/c no:
		<input type="checkbox"/> Limited access	BSB:	BSB:
		<input type="checkbox"/> Full access	A/c no:	A/c no:
		<input type="checkbox"/> Limited access	BSB:	BSB:
		<input type="checkbox"/> Full access	A/c no:	A/c no:
		<input type="checkbox"/> Limited access	BSB:	BSB:
		<input type="checkbox"/> Full access	A/c no:	A/c no:
		<input type="checkbox"/> Limited access	BSB:	BSB:
		<input type="checkbox"/> Full access	A/c no:	A/c no:
		<input type="checkbox"/> Limited access	BSB:	BSB:
		<input type="checkbox"/> Full access	A/c no:	A/c no:

Section 7 – Change of Maximum Daily Spend Limit

The daily spend limit is only applicable to the limited access card type.

Cardholder number (16 digits)

Cardholder name

New daily spend limit
– whole dollars only

.00
.00
.00

Section 8 – Cancel Card(s)

Please list below any individual cards that you want to close

Cardholder number (16 digits)

Cardholder name

Section 9 – Close Facility

If you want to close your Business Debit Mastercard facility, please tick the box below and complete section 10. Westpac will then close the facility listed in Section 1. This will result in all cards attached to the facility being closed.

Please note that in accordance with the Deposit Account for Business Customers Product Disclosure Statement, it is your responsibility to ensure that all cards attached to the facility are destroyed and any existing Direct Debits are cancelled.

☐ Close the above Business Debit Mastercard facility (all cards will be closed).

Section 10 – Authorisation

Complete Section A or B (complete one section only, whichever is applicable).

Section A

Complete this section if the authority is for an **organisation**.

By a legally constituted meeting of the organisation or directors of the company, as the case may be authority was given to make the amendment above. This authority does not substitute or amend the existing Notice of Authority form for the nominated business account(s).

Signed for and on behalf of the Organisation

Executive Officer #1	Executive Officer #2
Duly authorised signatory (e.g. Director, Trustee, Partner)	Duly authorised signatory (e.g. Director, Partner, Trustee, Company Secretary)
Name <input type="text"/>	Name <input type="text"/>
Position <input type="text"/>	Position <input type="text"/>
Signature <input type="text" value="X"/>	Signature <input type="text" value="X"/>
Date <input type="text"/>	Date <input type="text"/>

Section B

Complete this section if the authority is for a **sole trader, partnership, trust or firm**.

This authority does not substitute or amend the existing Notice of Authority form for the nominated business account(s).

Name <input type="text"/>	Signature <input type="text" value="X"/>
Name <input type="text"/>	Signature <input type="text" value="X"/>
Name <input type="text"/>	Signature <input type="text" value="X"/>
Name <input type="text"/>	Signature <input type="text" value="X"/>
	Date <input type="text"/>

Bank Use Only – to be completed by the banker who is sending this form on behalf of the customer

Ensure that:

- Section A (if applicable) is checked against the authority held and that a company search is obtained where required to verify the Office holders of the organisation.
- Section B (if applicable) is checked against the Notice of Authority for the nominated business account(s).
- All cardholders have an existing 100 point FTRA customer identification number. If there is no number held, perform the identification as detailed in the CAM, Chapter: FTRA, Section: Identification.

Form completed by

Name <input type="text"/>		
Salary number <input type="text"/>	BSB <input type="text"/>	Fax number <input type="text" value="()"/>

Authorising Officer's details:

Signature <input type="text" value="X"/>	Date <input type="text" value="/ /"/>
BSB <input type="text"/>	Salary number <input type="text"/>

