

Request for EFTPOS Terminal form

This form may be lodged by:			
Post GPO Box 421 Brisbane QLD 400	01	Fax (07) 3835 2299	Email askus@anfin.com.au
Helpful hints for completing this	application:		
Allow two business working days	s for your request to b	pe processed.	
Two current Authority to Operate	Signatories are requi	red to sign this.	
If an Authority to Operate Signate Reference form and a Changes			
 An Authority to Operate Signator Operate Signatories, who can a organisation's ANFIN investment 	uthorise ANFIN to initia		approved by existing Authority to nd make changes relating to the
Please use BLOCK LETTERS in BLA	ACK OR BLUE PEN C	NLY and 🗹 tick required cho	ices
STEP 1 – YOUR DETAILS			
Client name			Client number
Address where terminal will be locat Number Street nar			
Organisation contact person (these Title Given name(s)	details will be given to	ANZ for queries relating to the Surname	e terminal)
Position at Anglican organisation	Telep	hone number N	Mobile number
Outline the purpose or event the dev	vice will be used for		
STEP 2 – NOMINATE AN ANFIN	EASY ACCESS IN	VESTMENT	
Easy Access Number			
		Merchant transactions and fee	s will settle to this investment
STEP 3 - TYPE OF DEVICE, INS	TALLATION AND P	ICK UP DATE	
Mobile 2 Device			
☐ We will pick up the device on	/ /	and return it to your office on	/ /
Please deliver to the parish on	/ /	and pick up device on	/ /



STEP 4 - AUTHORISATION

By signing this form, I acknowledge that I have been provided with, and have read and understood, the ANFIN Terms and Conditions. The Terms and Conditions may be viewed at any time by visiting www.anfin.com.au and clicking on 'Resources'.

I/we the Authority to Operate Signatories of the investment, authorise these instructions.

Authority to Operate Signatory 1	Authority to Operate Signatory 2
Print full name	Print full name
Date	Date
Office Use Only Verified Authority to Operate Signatory 1 and 2 Enter details in ANFIN Roaming EFTPOS Terminal Reg Organise delivery/pickup of device File electronically	DOC TYPE: MERCHANT FACILITY
Processed by: Date:	ACCOUNT
Reviewed by: Date:	INITIAL