

# APPLICATION FOR VARIATION OF STANDARD DAILY LIMIT

## SECTION 1 – DETAILS OF VARIATION (Please tick)

|  |  |                    |           |
|--|--|--------------------|-----------|
| Permanent Increase: <input type="checkbox"/> | Temporary Increase: <input type="checkbox"/> | Valid from: / / 20 | to / / 20 |
|--|--|--------------------|-----------|

|              |            |           |
|--------------|------------|-----------|
| Client Name: |            |           |
| Address:     |            | Postcode: |
| Telephone:   | Facsimile: | Email:    |

## SECTION 2 – AUTHORISATION

I/we wish to have the following daily transaction limit for external credit transfers placed on the following account/s:

**N.B. The default daily limit is \$0.00 per transaction, per account.**

**The ADF recommends you nominate one main account only for external Payments.**

| Account Name | ADF Account Number | Daily Limit |
|--------------|--------------------|-------------|
|              |                    |             |
|              |                    |             |
|              |                    |             |
|              |                    |             |
|              |                    |             |

I/we hereby request an increase to the daily external transfer limit on the ADF Online service. This authority is to continue until cancelled in writing or the end date specified above. I/we acknowledge that I/we have read the Terms and Conditions outlined on the ADF Online Application and acknowledge that the use of ADF Online is subject to the Terms and Conditions as outlined therein.

I/we acknowledge that ADF Online users must not share their login or password with any other individual (even or other account signatories). I/we understand that it is my/our responsibility to protect my/our ADF Online access details and password from unauthorised use or use by anyone apart from the person to whom the password was issued. I/we accept full responsibility and liability should fraudulent ADF Online transactions be undertaken through my/our negligence with relation to disclosure of Internet banking passwords to other persons. I/we hereby agree that misuse arising from disclosure of password details will be at my/our expense and I/we will not hold the ADF responsible for any loss, financial or other, that may occur.

|                                   |                                   |
|-----------------------------------|-----------------------------------|
| Name of Authorised Person 1:      | Name of Authorised Person 2:      |
| Signature of Authorised Person 1: | Signature of Authorised Person 2: |
| Date: / / 20                      | Date: / / 20                      |

