

PURPOSE OF THIS FORM

For authorised officers of the below named client to request the variation to the standard daily limit on the accounts as detailed in Section 2 of this form.

INSTRUCTIONS FOR COMPLETION

- All fields are mandatory and must be completed by two account signatories on the debit account before returning the form to the ADF.
- Temporary variations are for a period of 3 months or less.
- **Digital signatures are not accepted. Form to be authorised with wet ink signatures.**

PERMANENT DAILY LIMIT	
Permanent Limit:	Valid from: / / 20

TEMPORARY DAILY LIMIT - period of 3 months or less	
Temporary Limit:	Valid from: / / 20 to / / 20

SECTION 1 - CLIENT DETAILS	
Member No:	
Client Name:	
Address:	Postcode
Telephone:	Email:

SECTION 2 - LIMIT DETAILS			
I/We wish to have the following daily transaction limit/s for external credit transfers placed on the following account/s:			
<i>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.</i>			
Account Name	ADF Account Number	Temporary Daily Limit	Permanent Daily Limit

I/We, the authorised signatories on the above listed account, request the daily external transfer limit as detailed in this form.
 I/We acknowledge that I/we have read the Terms and Conditions outlined on the ADF Account Authority 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 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.

SECTION 3 – AUTHORITY	
Name of Authorised Person:	Name of Authorised Person:
Position of Authorised Person:	Position of Authorised Person:
X Wet Ink Signature of Authorised Person 1:	X Wet Ink Signature of Authorised Person 2:
Date:	Date:

ADF Privacy Collection Statement
 The ADF collects, holds, uses and discloses personal information about you. The ADF collects personal information directly from you for the purposes of providing services and products, including processing of payments and transactions and managing accounts. If the personal information you provide is incomplete or inaccurate, we may not be able to provide you with the services or products you seek.
 The ADF may disclose personal information about you to parishes, schools and agencies within the Archdiocese, and external third parties, including service providers and other financial institutions that assist the ADF in providing services and products. The ADF does not disclose personal information overseas, but the ADF may engage with third parties who use service providers with overseas infrastructure.
 Our Privacy Policy (available on our website or on request) sets out how you can access and ask for correction of your personal information, how you can complain about privacy-related matters and how we respond to complaints.
 Contact details: Privacy Officer, GPO Box 282, Brisbane, Queensland, 4001. Email: privacyofficer@bne.catholic.net.au, telephone +61 7 3324 3579
Disclosure Statement: Please refer to our [Governance and Corporate Information](#) on our website.

ADF USE ONLY
Signatures Verified:

