Amendment form

Amending user and limits for PC Business Banking

Once you have completed this form, please return post or fax to:
Bank of New Zealand, PC Business Banking Support,
PO Box 2112, Wellington.
Fax +64 4 460 0350

Request required

◯ Immediately ◯ Other D D M M Y Y

Customer details

PC Business Banking Site ID

A A

Company Name

Company Contact Name

Phone 0

Mobile 02

Fax 0

Email

Super User

◯ Add ◯ Amend ◯ Delete

Name **Codeword**

Is the above User a Temporary Super User? ◯ Yes

From D D M M Y Y **To** D D M M Y Y

◯ Add ◯ Amend ◯ Delete

Name **Codeword**

Is the above User a Temporary Super User? ◯ Yes

From D D M M Y Y **To** D D M M Y Y

Sub User

◯ Add ◯ Amend ◯ Delete

Name **User ID**

Can this User authorise payments? ◯ Yes ◯ No

Is the above User a delegated Super User? ◯ Yes ◯ No

If yes, nominate a Codeword Codeword

◯ Add ◯ Amend ◯ Delete

Name **User ID**

Can this User authorise payments? ◯ Yes ◯ No

Is the above User a delegated Super User? ◯ Yes ◯ No

If yes, nominate a Codeword Codeword

Site services and Limits

Instruction Type	Number of authorisations required 1	2	Daily Limit
Inter Account Transfers	◯	◯	$
Direct Credits/Payroll/Ex payroll	◯	◯	$
Direct Credit Cleared Funds	◯	◯	$
Same-day Cleared Payments	◯	◯	$
Free Format Templates	◯	◯	$
Direct Debits	◯	◯	$
Credit Batch	◯	◯	$
Attached Instructions	◯	◯	$

Direct Debit

Direct Debit Authority and Account information held with Bank of New Zealand.

Direct Debit Authority number

Bank of New Zealand credit account number

0 2 (Bank) (Store) 0 (Account number) (Suffix)

Signing Authority (Compulsory)

I/We acknowledge that I/We have read and understood the PC Business Banking General Terms and Conditions. By signing this form I/We agree to be bound by those PC Business Banking General Terms and Conditions.

Signatory name

First

Last

Signature

D D M M Y Y

Signatory name

First

Last

Signature

D D M M Y Y

- Fax **+64 4 460 0350**
- Phone **0800 280 269**
- Visit **bnz.co.nz/pcbanking**

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