

# Internet Banking Profile Maintenance

IB3A IBGEN 2

**Bank of Queensland Limited**  
 ABN 32 009 656 740  
 Established 1874

**Electronic Banking Administration Centre**  
**Tel 61 7 1300 557 272**  
 Fax 61 7 3212 3405  
 Website: boq.com.au

**Customer Access Number**

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**Date** \_\_\_\_\_

**Name**

\_\_\_\_\_  
*(Mr/Mrs/Ms/Company/Business Name)*

Please record the new details for the following information:

**Address**

*(Customer Primary Address  
 – cannot be PO box)*

\_\_\_\_\_

Phone (H) (    ) \_\_\_\_\_

\_\_\_\_\_

Phone (W) (    ) \_\_\_\_\_

Postcode

\_\_\_\_\_

Phone (M) (    ) \_\_\_\_\_

**Postal**

**Address**

*(if different from above)*

\_\_\_\_\_

Fax (    ) \_\_\_\_\_

\_\_\_\_\_

Email Address

Postcode

\_\_\_\_\_

## PAYMENT FILE UPLOAD REGISTRATION DETAILS

Please record the new details for the following information:

BankLink Customer Name	APCA Number	File Prefix	Add/ Change
			<input type="checkbox"/> Add <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Change
			<input type="checkbox"/> Add <input type="checkbox"/> Change

## NOMINATED ACCOUNTS

Please record the changes to Nominated Account details:

Account Number	Account Name	Add/ Delete
		<input type="checkbox"/> Add <input type="checkbox"/> Delete
		<input type="checkbox"/> Add <input type="checkbox"/> Delete
		<input type="checkbox"/> Add <input type="checkbox"/> Delete
		<input type="checkbox"/> Add <input type="checkbox"/> Delete
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Date \_\_\_\_\_

Name

\_\_\_\_\_  
*(Mr/Mrs/Ms/Company/Business Name)*

## LIMITS

Tick the new Limits Package *(one only to be ticked)*

<input checked="" type="checkbox"/>	Type	BPAY	Pay Anyone*
<input type="checkbox"/>	0 <i>(Default)</i>	\$0	\$0
<input type="checkbox"/>	1	\$10,000	\$2,500

For a package with higher limits, a BOQ Security Token is required. Please visit a BOQ branch.

\* Note this applies to Pay Anyone and Multi Payments.

## ACKNOWLEDGMENT

Please amend my Internet Banking Profile to reflect the information stated above.

Customer Signature: \_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If signing on behalf of a company complete this section:*

Print name: \_\_\_\_\_

Print position: \_\_\_\_\_

Print name: \_\_\_\_\_

Print position: \_\_\_\_\_

Print name: \_\_\_\_\_

Print position: \_\_\_\_\_

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**Date** \_\_\_\_\_

Name

\_\_\_\_\_  
*(Mr/Mrs/Ms/Company/Business Name)*

## MAIL TO

Once you have completed the form, please sign it and mail it to:

REPLY PAID 471  
Bank of Queensland Limited  
Electronic Banking Administration Centre  
GPO Box 898  
BRISBANE QLD 4001