



Rabobank

March 2010

Authority to re-issue Rabobank VISA Debit Card

Rabobank Australia Limited
ABN 50 001 621 129 AFSL 234 700

For more information please call
1800 025 484

www.rabobank.com.au

Talk to the world's leading food and agribusiness bank

Please note the following:

- To deposit cheques with Bank@Post at Australia Post outlets, the cardholder name and/or trading name of business (if applicable) printed on your VISA Debit Card needs to reflect the name generally written on the cheques you receive.
- To add the trading name or change the name of your VISA Debit Card to conduct Bank@Post transactions, please complete the following for each individual cardholder.
- Your VISA Debit Card will be reissued with two names, as per your request.
- Complete and fax the form to Client Services on 02 8115 1016.
- If you require additional forms please phone Client Services Toll Free on 1800 025 484 (8am-6pm Monday to Friday, Sydney time).
- If you reside outside of Australia, send this form to Reply Paid 4577, Rabobank, Client Services, Sydney NSW 2001, Australia.

Section A Please provide your Rabobank Client Number.

Section B Please state the cardholder name and trading name for each card to be re-issued.

Cardholder 1

Rabobank VISA Debit Card number

Name(s) to be printed on your re-issued Card

Cardholder name

Trading name

Signature of Authorised Cardholder

Date

Cardholder 2

Rabobank VISA Debit Card number

Name(s) to be printed on your re-issued Card

Cardholder name

Trading name

Signature of Authorised Cardholder

Date

Cardholder 3

Rabobank VISA Debit Card number

Name(s) to be printed on your re-issued Card

Cardholder name

Trading name

Signature of Authorised Cardholder

Date

Cardholder 4

Rabobank VISA Debit Card number

Name(s) to be printed on your re-issued Card

Cardholder name

Trading name

Signature of Authorised Cardholder

Date

Continued overleaf →

Section C Authorisation

This authorisation is to be signed by an Account Owner.

I/We request that Rabobank Australia Limited make the above amendments to the above Visa Debit Cards.

Signed by the Account Owner(s)

Individual

Signature of Account Owner	Date	Name
<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>

Companies

Signature of Director	Signature of Director/Secretary	Date	Affix Company Seal here (optional)
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
Name of Director	Name of Director/Secretary		
<input type="text"/>	<input type="text"/>		

Signature of Director	Signature of Director/Secretary	Date	Affix Company Seal here (optional)
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>	<input type="text"/>
Name of Director	Name of Director/Secretary		
<input type="text"/>	<input type="text"/>		

Office use only

CSU Actions:

Signature / Security Check completed Fee to be charged

Operations Actions:

New Card issued, Same Card and PIN number

Input by	Authorised by	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>
<input type="checkbox"/> Fee charged	<input type="text"/> FT number	
Input by	Authorised by	Date
<input type="text"/>	<input type="text"/>	<input type="text" value="/ /"/>