



# Temporary Netlink Limit Increase Form

Police & Nurses Credit Society Limited  
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## MEMBER DETAILS

**Please attach a copy of photographic identification (ie. Drivers Licence, Passport)**

**Note:** Accounts which require 2 or more signatures to operate the account cannot transfer funds via Netlink.

Name \_\_\_\_\_ Member Number \_\_\_\_\_

Address \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

## NETLINK ONLINE BANKING SYSTEM

I apply for and request that my

Netlink External Third Party Transfer Limit **OR**  BPAY Limit be increased to \$ \_\_\_\_\_

I understand

1. all other Netlink Conditions of Use continue to apply; and
2. this increased limit is a temporary increase only and the limit will revert to standard daily limit 24 hours from time of increase, except for weekends, where the limit increase will be valid until the next Head Office working day.

I understand that by increasing the limit, my liability in the case of unauthorised transactions may also be increased.

**X**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signature

## OFFICE USE ONLY

Checklist

Signature ID (attached)  Full Name  Address  Date of Birth

Account Information \_\_\_\_\_

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Operator No. \_\_\_\_\_ Signature \_\_\_\_\_

Increased on Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Operator No. \_\_\_\_\_ Signature \_\_\_\_\_

Decreased on Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Operator No. \_\_\_\_\_ Signature \_\_\_\_\_

Authorising Officer \_\_\_\_\_ Operator No. \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Authorising Officer \_\_\_\_\_ Operator No. \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Further ID/Comments \_\_\_\_\_

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