

# WBS IBank Registration Form

[www.wbs.net.nz](http://www.wbs.net.nz)



<b>Member Details</b>  Member Number: _____  Name: _____  Email address: _____	Joint Account(s): (Other Member with <u>identical</u> access)  _____  _____  _____
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## Account Details

Accounts you wish to access via WBS IBank

(You may only access accounts you are a signatory on or have 'Authority to View' on)

(Full Access is not available on accounts that require more than 1 signature)

(Full Access is only available on savings/call accounts)

Account Number	Account Name	Daily External Transfer Limit (\$ per account)	Access Level Requested
		\$ .00	<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> No Access
		\$ .00	<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> No Access
		\$ .00	<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> No Access
		\$ .00	<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> No Access
		\$ .00	<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> No Access
		\$ .00	<input type="checkbox"/> Full Access <input type="checkbox"/> Enquiry Only <input type="checkbox"/> No Access

## Secret Question / Secret Answer

For general identification over the telephone or in the event that your WBS IBank access needs to be reset we require 'secret questions' and 'secret answers' to be advised to us.

Please read the questions below and write your answer alongside as applicable:-

Questions (PLEASE PRINT ANSWERS IN BLOCK LETTERS) – Both applicants to know answers in identical access application	
<input type="checkbox"/> Mother's maiden name: .....	<input type="checkbox"/> Street you grew up in: .....
<input type="checkbox"/> Town you were born or grew up in:.....	<input type="checkbox"/> Partner's middle name:.....
<input type="checkbox"/> Name of your first school: .....	<input type="checkbox"/> Other (specify): .....

## Declaration

I/We hereby apply for access to Wairarapa Building Society Internet Banking (WBS IBank) and request the allocation of an initial password, which I/we agree to change upon first use. I/we have read and fully understand the WBS IBank Terms & Conditions available on the WBS website or from the WBS office at 75 Queen Street, Masterton. I/we agree to be bound by them, as well as any future amendments to them, of which I/we will be notified via the WBS website upon attempting to sign on to the service after any such amendment.

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Member's signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Joint account holder with identical account access)

Office Use Only
Loaded:
Checked:
Date: