

BankLink Secure Order Form

Photocopy onto your practice letterhead, complete the details clearly, sign and fax it to BankLink Support. A BankLink Consultant will telephone you to verify that BankLink Secure is working correctly, and advise your PIN if necessary.

Practice Name: _____

Contact Name: _____

Phone Number: _____

Email Address: _____

Date: _____

We would like to use BankLink Secure to retrieve our BankLink data. The initial password we wish to use is:

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Please use a mixture of alpha and numeric characters. Passwords are case-sensitive, so "PASSWORD" and "Password" are different.

When data is ready to be downloaded we will advise your practice at the email address you provided above.

Signed: _____

Fax to BankLink Support

Australia 1800 123 807

New Zealand 09 377 8744