BankLink Secure Client Order Form

Please register the following client as a BankLink Secure client so that they can retrieve their transaction data via BankLink Secure. I/We acknowledge that a monthly charge will be made to us for this service.

Client Name

Client Contact

Client Email

Initial Password*

* Please use a mixture of alpha and numeric characters. Passwords are case sensitive, so 'PASSWORD' and 'Password' are treated differently. The first time your client uses BankLink Secure they will be prompted to enter their password.

Bank Account Number**	Bank Account Name

**Multiple bank accounts can be attached to a client file. However, a separate download must be performed if your client has more than one client file. A separate form is required for each client file.

Transaction start date (date of first transaction):

To register a client's bank account(s), complete all the details and sign the form before faxing it to BankLink. Please make sure you print this form on your practice letterhead.

Please allow two weeks for this application to be processed. Once the form has been processed, a BankLink Consultant will contact you to advise your client's BankLink Secure Code and Pin.

When data is ready to be downloaded, your client will be advised by email at the address you provided above.

Practice Name: **Practice Code:**

Contact Name: **Date:**

Signature:

Fax to BankLink Support on 1800 123 807

Office Use Only:

Client Services Processed	BankLink Secure Code	PIN	BankLink Consultant	Practice Advised