

Member Teleservices Password Request

Surname:

Given name/s:

Correspondence Address:

Suburb:

Postcode:

Country (if not Australia):

Date of Birth:

 / /

Existing Account number or Member number:

Teleservices Password (minimum 4 characters - maximum 10 characters):

I hereby acknowledge that:

- The Teleservices Password is my means of telephone access to my accounts and any other accounts I am authorised to operate on;
- I will keep my Teleservices Password confidential, and its continued security is my responsibility;
- If I disclose my Teleservices Password to anyone else and that person accesses my accounts or any other accounts I am authorised to operate, I understand that I will be responsible for any transactions carried out by that person.
- The IMB Member Guide to Transaction Banking PDS applies to the use and security of my Teleservices Password.
- This form is designed to provide a Teleservices Password for one client only.

Member signature:

Date:

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Return your completed and signed form to IMB by:

- Calling in to your local IMB branch
- Mail (no stamp required) to:
IMB Direct
Reply Paid 2077
Wollongong NSW 2500
- Email:
imbdirect@imb.com.au

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