

Casual Request Form

Institutional merchant customers only



To set up a short term Terminal ID, please fill in this form and email to css@anz.com.

MERCHANT DETAILS:

Merchant ID
Existing terminal ID
Trading name

CONTACT DETAILS:

☐ Mr ☐ Miss ☐ Mrs ☐ Ms ☐ Other
First name(s)
Surname
Contact phone number
Email

ADDITIONAL FACILITY INFORMATION:

Number of additional facilities required
Type of facility required ☐ Card Present ☐ Card Not Present
Date required
Add facilities as per existing terminal ID: ☐ Yes ☐ No
If 'No', please specify facilities required (e.g. refunds, contactless, 3rd party cards)

Refund functionality required ☐ Yes ☐ No

If 'No', add facilities as a new Teryminal ID

☐ Debit ☐ Credit ☐ Contactless ☐ AMEX ☐ Diners ☐ Other

BANK ACCOUNT DETAILS:

Account Name
Account Number
Receipt details Line 1 Line 2 Line 3
Settlement time start Settlement time end
Special instructions

TRADING ADDRESS:

Street address
Suburb City Postcode
Site contact name
Mail attention of

Casual Request Form (continued)

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PLEASE SPECIFY PERIOD:

D	D	M	M	Y	Y	Y	Y	to	D	D	M	M	Y	Y	Y	Y
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SPECIAL INSTRUCTIONS (if required):

Please note: All check boxes must be checked and mandatory fields completed before this request can be processed.