



## 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](mailto: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.