Personal iBank – password reset

Member Number

Member Name:

Street/Postal Address:

City/Town Suburb:

Postcode:

State:

Telephone Number:

Email:

I authorise Hume to record the following initial password for iBank (8 characters including 2 numbers)

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

I understand that:

☐ I must allow two business days from the lodgement date of this form before utilising the new password;

☐ I will be required to change this password the next time I use iBank;

☐ when selecting any password, I must not select a numeric code which represents my birth date or an alphabetical code which is a recognisable part of my name. I understand that if I fail to do so, the account holder may be liable for unauthorised transactions on the accounts to which I have access; and

I agree to be bound by Hume's terms and conditions contained in the Product Disclosure Statement (a copy of which has been supplied to me) and any amendments thereto.

Signature: _____ Date: ____/____/____

Please lodge this form at your nearest Hume Bank branch.

Office use only

Signature: _____ Operator Number:_____

☐ Signatures and ID verified

☐ Application Processed