

# Macquarie Cash Solutions Cheque and Deposit Book Request

Macquarie Bank Limited ABN 46 008 583 542 AFSL No. 237 502 is the provider of the Macquarie Cash Management Account (CMA).



PLEASE USE BLACK INK

Use this form to apply for a cheque book facility, and/or request additional cheque and/or deposit books on your Macquarie Cash Management Account (CMA).

**Return this form to:**

Reply paid 192  
AUSTRALIA SQUARE NSW 1215  
Fax: 1800 550 140  
Overseas fax: +61 7 3233 5499

Phone: 1800 806 310  
Overseas phone: +61 7 3233 8136

Visit [macquarie.com.au/personal/contact](http://macquarie.com.au/personal/contact) for other office locations in Melbourne, Brisbane, Perth, and Adelaide.

**Online:** [macquarie.com.au/personal](http://macquarie.com.au/personal)  
**Email:** [transact@macquarie.com](mailto:transact@macquarie.com)

**1 Your Macquarie account details**

What is your account number?

What is your account name?

**2 Your contact details**

Contact number

Mailing address

Please cross this box if you would like us to update our records with the above contact details

**3 Cheque and deposit book order**

Please note: applicable cheque book fees will apply, as disclosed in the Macquarie CMA Product Information Statement.

**Cheque book**

- 30 cheques  
 50 cheques  
 100 cheques

**Deposit book**

- 30 pages

**4 Declaration and signatures**

By completing this form, you accept and agree to be bound by the terms and conditions contained in the CMA Product Information Statement, which relate to the use of a cheque book. If you do not already have a copy of the relevant offer document you can obtain it from our website at [macquarie.com.au/personal](http://macquarie.com.au/personal) or by contacting us.

**This form should be signed in accordance with the account operating instructions.** If you wish to add new signatories or amend your account operating instructions, a separate *Third Party Authority* form must be completed.

**Signature 1**

Mr  Mrs  Miss  Ms  Other

Name (print here)

Any other name known by (if applicable) Required under the AML/CTF Act 2006.

If a company officer, your corporate title

Individual  Director  Sole Director  Secretary

Trustee  Other (please specify)

Signature

Date

**Signature 2**

Mr  Mrs  Miss  Ms  Other

Name (print here)

Any other name known by (if applicable) Required under the AML/CTF Act 2006.

If a company officer, your corporate title

Individual  Director  Secretary

Trustee  Other (please specify)

Signature

Date

**Office use only**

Sig Ver

Macquarie Access Code

Work Item Number (WIN)



Access BPAY® through [transact@macquarie](mailto:transact@macquarie)  
®Registered to BPAY Pty Ltd ABN 69 079137 518