Change Request Additional Terminal Required (EFTPOS Mobile and Integrated POS)

Why Use This Form?

Please use this form if you wish to request an additional terminal/terminals under the same Merchant Number and same trading location. If this is for a new business or location please contact us on 13 11 75.

Merchant Details		
Merchant Number	Merchant number can be found at the top of any receipt from the EFTPOS terminal (underneath the suburb) OR on your merchant statement.	
Merchant Trading Name		
Contact Name*		
Contact Number	The merchant facility will be updated to reflect the above contact name and number.	
Email Address		
Providing an email address will enable us to notify you that the requested change has been actioned. *This person will be added to your Merchant Facility as the main contact person and will be contacted on install and be authorised to select the merchant password. After the password has been selected, this can only be changed by those persons authorised for Full Merchant Facility Access.		
Additional Terminal(s) Required		
Mobile EFTPOS Terminal		Integrated POS Terminal
GPRS		Mobile Terminal - WIFI Comms (Cloud based POS)
WIFI		Mobile Terminal - Broadband (Traditional On Premise POS)
Broadband (Required if using HealthPoint)		
Additional Services:		Software Vendor Name:
☐ Medicare ☐ Healt	hPoint HealthPoint ID	,
#A HealthPoint ID is required for each terminal. Please obtain from HealthPoint before submitting this form. Note: Confirm your POS provider is accredited by checking https://linkly.com.au/resources-support/accredited-pos-vendors		
Note: If the terminal type is different from your current terminal, a different terminal rental may apply. Please call 13 11 75 to confirm the applicable rental amount. The additional terminal will be loaded with the same functionality as your existing terminal and will be delivered to your existing site address. If you require a change to either of these please call 13 11 75.		
Peripheral(s) Required		
Mobile EFTPOS terminals		
The mobile EFTPOS terminal will be delivered with a Docking Station.		
Number of Car Charger(s)		
Integrated POS terminals		
Number of Swivel Stands		
Authorisation - To be completed by a person with FULL access on the merchant facility		
I/we agree that the execution of this form, and the communication of that execution, by electronic means, including through the DocuSign system and via emails sent from an email address designated by me as the address for communications, is legally binding on me/us even if not authorised. I/we agree to immediately notify the Bank of any changes to my/our email address.		
Signature	, , , ,	Date: DD/MM/YYY
Name:		
Signature		Date: DD/MM/YYYY
Name:		
Please note: All fields to b	e completed before we can process your requ	est

How to Lodge

Fax to: (07) 3031 2177

Scan and submit via email to: MerchantServices@suncorpbank.com.au

Mail to: Suncorp Bank (4RE007)

GPO Box 2432, Brisbane QLD

4001

