

# BAPLINK BAPNET AUTHORITY FORM - CHURCH

I/We authorise and request the person whose details appear below to be given VIEW ONLY Bapnet access to the accounts listed. I/We understand that this person must be identified by Baplink and if this has not already done a completed Baplink Identification Form is attached.

Church			
Full name			
Address			
Date of birth		Daytime contact number	

Client number	Sub-account (eg S1)	Full name	Signature

## AUTHORISATION MUST BE COMPLETED BY CHURCH LEADERSHIP

**Minutes Attached** - This request must be approved in a meeting of the Deacons / Elders / Board of Administration or Church Council. By signing below two representatives of the Deacons / Elders / Board of Administration or Church Council acknowledge that a true and correct copy of the minutes is attached.

Signature (Church Leader)	Date	Signature (Church Leader)	Date



*A ministry of Queensland Baptists*  
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